P29396

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Cashioos Chin) Hame,					
(Document Number)					
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Cartification of Status					
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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 618377 7581171				
AUTHORIZATION: Squide was				
COST LIMIT : \$ 35.00				
ORDER DATE: March 28, 2023				
ORDER TIME : 8:07 AM				
ORDER NO. : 618377-010				
CUSTOMER NO: 7581171				
CHANGE OF AGENT				
NAME: BALFOUR BEATTY INFRASTRUCTURE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				
EXAMINER'S INITIALS:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	Delaware
1. The name of	the corporation: BALFOUR BEAT	TY INFRASTRUCTURE, INC.	
2. The principa	l office address: 300 Galleria Parkv	way SUITE 2050 ATLANTA, GA 30339	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 05/17/1990	Document number: P29396	
	d street address of the current regist artment of State: (If resigned, enter r	ered agent and registered office on file wiresigned)	
	C T CORPORATION SYSTEM		2023 H AR
	1200 SOUTH PINE ISLAND RO	AD	ÅR 30
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registere Corporation Service Company	d agent (if changed) and /or registered off	
	1201 Hays Street		
	1	PO Box NOT acceptable	,
	Tallahassee	FL 32301	
\mathcal{M}		street address of the business office of its dopted by its board of directors or by an elementified in writing of the change. Christine McAnney	
Signatu	re of an officer or director	Printed or typed name and titl	
l further agree i of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a ind I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch n Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and com le obligation of my position as registered e in the registered office address. I hereb lange.	plete performanc Lagent. Or, if thi. y confirm that the
3y: Wrace t	-Kuby	03/28/2023	
sig If signing on be	half of an entity:	Date	
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)