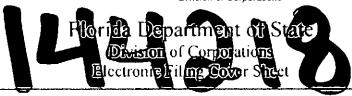
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

REGISTERED AGENT CHANGE FLORIDA ROCK INDUSTRIES, INC.

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FEB 13 200

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

statement of cha	nge is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida Tice or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation; Florida Rock	Industries, Inc.		
2. The principal office address: 1200 URBAN CENTER DRIVE, BIRMINGHAM, AL 35242				
3. The mailing a	ddress (if different): 1200 UF	RBAN CENTER DRIVE, BIRMINGHAM, AL 35242		
4. Date of incorp	poration/qualification: $\frac{06/13}{2}$	/1945 Document number: 144218		
	I street address of the current tment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)		
	CORPORATION SERVICE	COMPANY		
	1201 HAYS STREET	TALL SIL	20	
	TALLAHASSEE, FL 32301	2 e 25 e 22 e 27 	20 FEB 12	
6. The name and (if changed):	I street address of the new re	Figures on riterit (1) established and a collision on a collision of a collision of		
	C T Corporation System			
	1200 South Pine Island Road	0A	7	
P.O Box NO Facceptable				
	Plantation, Florida 33324			
The street address changed will	ess of its registered office an be identical.	nd the street address of the business office of its registered	agent,	
	^	luly adopted by its board of directors or by an officer so has been notified in writing of the change.		
Stepler	~ Part	Stephanic Bochm, Secretary		
Signatur	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as register to comply with the provision my duties, and I am familian is document is being filed methal the corporation has been	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as registere erely to reflect a change in the registered office address, I en notified in writing of this change.	ed .	
Michele ABL Signature of Registered Agent		02/08/2020		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Michele Holden,	Asst. Secretary			
Ту	sped or Printed Name	CHANGED DE COLOR		

* * * FILING FEE: \$35,00 * * *

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