## 3713

(Requestor's Name)	
(Address)	7C
(Address)	
(City/State/Zip/Phone #)	The state of the s
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE

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## $COVER_3LETTER$

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Standard Precast, Inc. (Name of Corporation)
DOC	UMENT NUMBER: 293713
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kathleen Holbrook Cold (Name of Contact Person)
	One Independent Drive, Suite 2301 (Firm/Company)
	(Address)  Jacksonville, FL 32202
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Kath	leen Holbrook Cold at (904) 356-6311 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 cheek made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, cange is submitted for a corporation organized under the laws of the State of Florid ler to change its registered office or registered agent, or both, in the State of Florida.	la	
1. The name of t	the corporation; Standard Precast, Inc.		
	al office address: 12300 Presidents Court, Jacksonville, FL 32220		<del></del>
3. The mailing a	address (if different): Post Office Box 61839, Jacksonville, FL 32236-183	9	
4. Date of incorp	rporation/qualification: 06/08/1965 Document number: 293713		
	nd street address of the current registered agent and registered office on file with the artment of State:		
	H. Leon Holbrook		
	One Independent Drive, Suite 2301		
	Jacksonville, FL 32202	SECH SECH	-
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	HASSEY	
	Kathleen Holbrook Cold	TO SE	4
	One Independent Drive, Suite 2301	SIXII SIXII	<b>.</b>
	(P.O. Box NOT acceptable)	>	
	Jacksonville, FL 32202		
The street address changed will	ress of its registered office and the street address of the business office of its registered.	stered agent,	
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so	
Surell	Russell A. Smith, Vice Presider (Printed or typed name and title)	nt	
I hereby accept I further agree of my duties, an accument is bei corporation has	of the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agencing filed merely to reflect a change in the registered office address, I hereby con as been notified in writing of this change.	performance nt. Or, if this firm that the	
LWM	Signature of Registered Agent)  (Date)		
If signing on be	pehalf of an entity:		
(1	(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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