

293713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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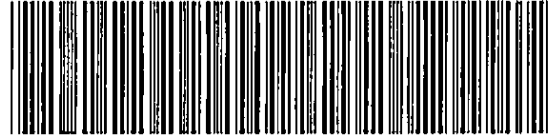
(Business Entity Name)

(Document Number)

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19 OCT 22 PM 4:25

26 OCT 22 PM 12:13

OCT 2 2022  
C. H. H. H. R.

CM

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

2019 OCT 22 PM 4:43  
TALLAHASSEE, FL 32301  
CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 020148 7918422

AUTHORIZATION :

*Spivey*

COST LIMIT : \$ 35.00

ORDER DATE : October 22, 2019

ORDER TIME : 3:13 PM

ORDER NO. : 020148-010

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: STANDARD PRECAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Standard Precast, Inc.

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: 293713

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check 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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Standard Precast, Inc.
2. The principal office address: 12300 President's Court, Jacksonville, Florida 32236
3. The mailing address (if different): 12300 President's Court, Jacksonville, Florida 32236
4. Date of incorporation/qualification: 06/08/1965 Document number: 293713
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

G.R. SAM SERAPHIM

12300 PRESIDENTS COURT

JACKSONVILLE

FL 32220

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michael F. Deaton  
Signature of an officer or director

Michael F. Deaton, Asst. Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company  
By: Roxanne Turner  
Signature of Registered Agent

10/22/2019  
Date

If signing on behalf of an entity: Roxanne Turner  
Asst. Vice President

Typed 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 (03/12)