642938

(Requestor's Name)			
(Address)			
(Address)			
(C)- (C)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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7025 OCT -1 PM 3: 59

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

ACCOUNT NO.	: I2000000195			
REFERENCE	:			
AUTHORIZATION	:			
COST LIMIT	: \$35.00			
ORDER DATE : 10/01/2025				
ORDER DATE : 10/01/2025				
ORDER TIME :	M			
ORDER NO. :				
CUSTOMER NO:				
CHANGE OF AGENT				
NAME:				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:			
CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON:				
E'Y7	MTNPD/C TNTPTALC.			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\begin{picture}(60,0) \put(0,0){\line(0,0){100}} \put(0,0){\li$

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of <u>FL</u>	
1. The name of t	he corporation: FLORIDA ROCK PROP	ERTIES, INC.	
	office address: 200 W. FORSYTH STRE		32202
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 10/25/1979	Document number: 642938	
	street address of the current registered a tment of State: (If resigned, enter resigne		he
	MILTON JR, JOHN D		77.0
200 W. FORSYTH STREET, 7TH FLOOR			
	JACKSONVILLE	FL 32202	2025 OCT - 1 SECTEDANY
6. The name and (it changed):	street address of the new registered age	nt (if changed) and /or registered office	PM 12
	Corporation Service Company		3 3 8 B
1201 Hays Street			
	Tallahassee	NOF acceptable FL 32301	
The street addre	ss of its registered office and the street be identical.	address of the business office of its re	gistered agent.
Such change wa authorized by th	s authorized by resolution duly adopted to board, or the corporation has been no	d by its board of directors or by an off offied in writing of the change.	icer so
/S/ MATTI	IEW C MCNULTY	MATTHEW C MCNULTY	CEO
Signatur	e of an officer or director	Printed or typed name and little	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent an o comply with the provisions of all stat of I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change n Service Company	utes relative to the proper and comple igation of my position as registered as e registered office address, I hereby c	te performance zent. Or, if this onfirm that the
By: /S/ Grac	e E. Kirby	09/18/2025	
_	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
1)	* * * FILING FI	EE: \$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)