610409

(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
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Special Instructions to Fi	ling Officer:	
Je	WN < U 2025	

Office Use Only



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2625 JULY 19 FILIZ: 10

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500				
ACCOUNT NO.	: 12000000195			
REFERENCE	: 289939			
AUTHORIZATION	:			
COST LIMIT	: \$35.00			
ORDER DATE : 06/19/2025				
ORDER TIME :				
ORDER NO. :	Capital Banks			
CUSTOMER NO:				
CHANGE OF AGENT				
NAME :				
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY PLAIN STAMPED COPY	PROOF OF FILING:			

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON:

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508. Florida Statute on organized under the laws of the State of <u>FL</u> or registered agent, or both, in the State of Floride			
1. The name of	the corporation: CEMEX STEEL F	FRAMING, INC.			
2. The principa	office address: 1720 E Centrepar	rk Drive East West Palm Beach, FL 33401			
3. The mailing	address (if different):				
4. Date of incor	poration/qualitication: 05/16/198	Document number: 670409			
	d street address of the current regi- rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	!		
	CORPORATE CREATIONS N	ETWORK INC.			
	801 US HIGHWAY 1				
	NORTH PALM BEACH	FL 33408	<u>r=</u> (
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 PO Box NOT acceptable					
	Corporation Service Company		10. 19 E. C. 10. E. C.		
	1201 Hays Street				
		P.O. Box NOT acceptable	2		
	Tallahassee	FL 32301			
The street addr as changed wil	ess of its registered office and the I be identical.	e street address of the business office of its regi	stered agent.		
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an office been notified in writing of the change.	er so		
/s/Mike F. E	gan		ecutive VP		
Signati	ure of an officer or director	Printed or typed name and title			
I further agrée of my duties, a document is be corporation ha	to comply with the provisions of nd Lam familiar with and accept	gent and agree to act in this capacity. All statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby con change.	nt Or it inis		
By: Maro Tokuble		06/17/2025			
If signing on b	ehalf of an entity:	17.300			
Grace E. Kirby,	Asst. Vice President				
	Typed or Printed Name	_			
	* * * FILI	ING 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)