

FO1000000076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

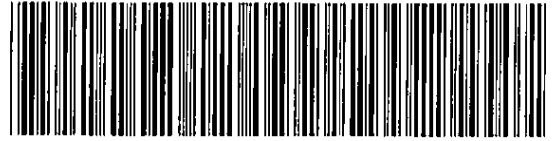
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



100434321101

309 J.W. ENTWISLER, JR., SECRETARY OF STATE

FILED

2024 AUG -7 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FL.

Amend

AUG 20 2024

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Skanska USA Building Inc.
Name of Corporation

DOCUMENT NUMBER: F01000000076

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin DeVaughn
Name of Contact Person

Skanska USA Building Inc.
Firm/Company

389 Interpace Parkway, 5th Floor
Address

Parsippany, New Jersey 07054
City/State and Zip Code

erin.devaughn@skanska.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Erin DeVaughn at (813) 299-2786
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount.

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F01000000076

(Document number of corporation (if known))

1. Skanska USA Building Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 01/05/2001
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A
5. N/A
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida N/A
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

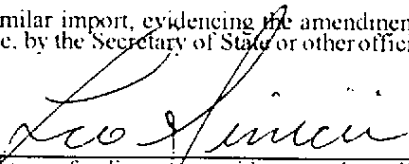
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President and CEO</u>	<u>Paul Hewins</u>	<u>101 Seaport Boulevard</u>	<input type="checkbox"/> Add
		<u>Boston, MA 02210</u>	<input checked="" type="checkbox"/> Remove
<u>President and CEO</u>	<u>Clovis Clay Haden</u>	<u>245 Peachtree Center Avenue, Suite 2500</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30303</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Clovis Clay Haden</u>	<u>245 Peachtree Center Avenue, Suite 2500</u>	<input type="checkbox"/> Add
		<u>Atlanta, GA 30303</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Brian D. Best</u>	<u>400 N. Ashley Drive, Suite 400</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, Florida 33602</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Leo Sinicin

(Typed or printed name of person signing)

CFO & Treasurer

(Title of person signing)

FILING FEE \$35.00