## F01000004311

| (Re                                     | questor's Name)   | ·-·          |  |  |
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| (Address)                               |                   |              |  |  |
|   |                   |              |  |  |
| (City/State/Zip/Phone #)                |                   |              |  |  |
|   |                   |              |  |  |
| PICK-UP                                 | WAIT              | MAIL         |  |  |
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| (Bu                                     | siness Entity Nar | ne)          |  |  |
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| Certified Copies Certificates of Status |                   |              |  |  |
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| Special Instructions to Filing Officer: |                   |              |  |  |
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Office Use Only



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15 MAR 31 AH 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 0 9 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: March 27, 2015

Order#: 489824-017

Re: THE CONCRETE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of che   | ange is submitted for a corporation org   | 502, 607.1508, or 617.1508, Florida Statute<br>anized under the laws of the State of <u>Georg</u><br>istered agent, or both, in the State of Florida         | jia              | _                      |
|--|---|--|------------------|------------------------|
| 1. The name of   | the corporation: THE CONCRETE CO  | MPANY  |                  |                        |
|  | office address: 1030 First Avenue, Co   |  |                  |                        |
| 3. The mailing a   | address (if different): P.O. Box 2447, C  | Columbus, GA 31902   |                  |                        |
| 4. Date of incor   | poration/qualification: 08/13/2001  | Document number: F0100000431   | 1                |                        |
|  | d street address of the current registered atment of State: (If resigned, enter resigned) | d agent and registered office on file with the gned)   | ;                |                        |
|  | C T Corporation System  | ,  |                  |                        |
|  | 1200 South Island Road  |  | <del>5</del>     | TAT<br>32              |
|  | Plantation, FL 33324  |  | MAR              | CRET                   |
| 6. The name and street address of the new registered agent (if changed) and /or registered off (if changed): Corporation Service Company |   | gent (if changed) and /or registered office  | MAR 31 AM 10: 34 | ARY OF ST<br>SSEE, FLO |
|  |   | · <del>··</del>  | 34               | ATE<br>ATE<br>A        |
|  | 1201 Hays Street P.O. Box N   | IOT acceptable   |                  |                        |
|  | Tallahassee   | FL 32301   |                  |                        |
| The street addr  | ess of its registered office and the stree  | et address of the business office of its regis   | stered age       | ent,                   |
|  |   | ted by its board of directors or by an office<br>notified in writing of the change.  |                  |                        |
| D  | Dona Priebe, Vice President   |  |                  |                        |
| Signare of an officer or director Printed or typed name and title  |   |  |                  | _                      |
| I further agree<br>performance of<br>agent. Or, if the<br>hereby confirm   | f mv duties, and I am tamiliar with and   | atutes relative to the proper and complete daccept the obligation of my position as reflect a change in the registered office add in writing of this change. | egistered        |                        |
| By:  | gnature of Registered Agent   | 02/11/2015  Date   |                  | <del>-</del> -         |
| If signing on bo   | ehalf of an entity:   |  |                  |                        |
| Sylvia Queppe  | t, Assistant Vice President   |  |                  |                        |
| 7  | Cyned or Printed Name   |  |                  |                        |

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