F0300001829

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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2021 JUN 21 AM 8: 35

RT(-T)/E1/

3111 KETE JAN 22 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

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

	ACCOUNT	NO. :	120000000	195		
	REFERE	NCE :	631028	4344656		
	AUTHORIZAT	'ION : (Lonell of	ena		
	COST LI	MIT :	\$/35,00	man)		
ORDER DATE	: January 21,	2021				
ORDER TIME	: 11:53 AM					
ORDER NO.	: 631028-010					
CUSTOMER NO): 4344656					
	·- -					
CHANGE OF AGENT						
>>	CONCEDUCE	TON 600	77.1.07.00	T.1.G		
NAME: CONSTRUCTION SPECIALTIES, INC.						
DERAG DEMI		.a .a .bb.		T.V.G		
	THE FOLLOWIN	G AS PRO	JOF OF FIL.	ING:		
	TIFIED COPY IN STAMPED COPY					
CONTACT PER	SON: Alexxis W	eiland				

EXAMINER'S INITIALS:

COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: Construction Specialties, Inc. Name of Corporation	
DOCUMENT NUMBER: F03000001829	
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning t	
Jennifer L. Gara	
Name of Contact Person	
Construction Specialties, Inc.	
Firm/Company	
3 Werner Way	
Address	
Lebanon, NJ 08833	
City/State and Zip Code	
jgara@c-sgroup.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matte	er, please call:
Jennifer L. Gara	908 \ 849-4067
Name of Contact Person	at (908) 849-4067 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to t	the Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananasses, t E 525 i f	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of char	rovisions of sections 607.0302, 61 age is submitted for a corporation to change its registered office or	organized under the laws of	the State of New Jersey	- -			
 The name of the control of the principal of the principal of the control of the con	ne corporation: Construction Specoffice address: 3 Werner Way, Le	ialties, Inc. banon, NJ 08833					
•	idress (if different):						
4. Date of incorp	oration/qualification: 12/30/2002	Document numb	per:				
	street address of the current regist ment of State: (If resigned, enter r		fice on file with the				
	David Thomson						
	5450 NW 33rd Avenue, Suite 110						
	Fort Lauderdale, FL 33309						
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or	registered office	7117			
	Corporation Service Company		·				
	1201 Hays Street			<u>></u>			
	· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable					
	Tallahassee	FL 32		<u>*</u>			
	ss of its registered office and the be identical.		ss office of its registered ag	က ကြေး, ထုံ			
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directen notified in writing of the	tors or by an officer so e change.				
20 Mach	× ham	Jennifer L. Gara					
Mereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered age of amount of a comply with the provisions of a comply with the provisions of a comply with the provisions of a comply with and accept the filed merely to reflect a change been notified in writing of this conservice Company	ent and agree to act in this of the statutes relative to the pro- the obligation of my position to in the registered office add	typed name and title capacity. oper and complete perform as registered agent. Or, if dress, I hereby confirm that	ance This The			
By March	folenen	01/21/2021					
Signing on bel	nalf of an entity:		Date				
Amanda Rob	inson						
	ped 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 (04/13)