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Division of Córporations

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Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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10/28/2010

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

statement of change is submitted for a	i corporation organi	, 607.1508, or 617.1508, Florida Statutes, this wed under the laws of the State of Alabama red agent, or both, in the State of Florida.
I. The name of the corporation: PRC		•
The name of the corporation: 4158 The principal office address: 4158	Muserove Drive	Florence, Al. 35630
2. The principal office address: 1100	,	
3. The mailing address (if different):	P.O. Box 1636, Flo	orence, AL 35631
4. Date of incorporation/qualification	08/21/2006	Document number: F06000005484
5. The name and street address of the Florida Department of State:	current registered ag	ent and registered office on file with the
C T Corporation :	System	
1200 S. Pine Islan	1200 S. Pine Island Road	
Plantation, FL 33	324	
6. The name and street address of the (if changed):	new registered agent	(if changed) and /or registered office
Corporation Servi	ce Company	
1201 Hays Street		
	P.O. Box NOT acceptable)	
Taliahassee, FL	32301	
The street address of its registered of as changed will be identical.	ffice and the street a	ddress of the business office of its registered agent,
Such change was authorized by reso authorized by the board, or the corp	lution duly adopted oration has been not	by its board of directors or by an officer so ified in writing of the change.
Elgrature of an other or director)		Elizabeth A. Dawson, Attorney In Fact
I hereby accept the appointment as I further agree to comply with the proof my duties, and I am familiar with document is being filed merely to recorporation has been notified in wri	registered agent and ovisions of all statu and accept the oblis flect a change in the ting of this change.	agree to act in this capacity. tes relative to the proper and complete performance sation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Corporation Service Compar By:////	MNUW	10/28/2010
(Signature of Registered Agent)	0	(Date)
If signing on behalf of an entity:	Duraidane	
Michelle R. Vannoy, Asst. Vice (Typed or Printed Name)	rresident	
•	* * * FILING FE	E: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)