

0/25 Aug. 25. 2015 5:33 PM

Division of Corporations

No. 2732 P.

F06000006517

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

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

Email Address: mdewitt@leebrickandblock.com

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**REGISTERED AGENT CHANGE
LEE MASONRY PRODUCTS, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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No. 2337 P. 2
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lee Masonry Products, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000006517

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Melissa C. DeWitt, Staff Accountant
Name of Contact Person

Lee Masonry Products, Inc
Firm/Company

P.O. Box 687
Address

Hopkinsville, KY 42241
City/State and Zip Code

mdewitt@leebrickandblock.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kanetha Bishop at 800 277-9977
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (03/12)

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((No. 2337020.P. 3 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Kentucky
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lee Masonry Products, Inc.
2. The principal office address: 1005 N Vine St., Hopkinsville, KY 42240

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/16/2006 Document number: F06000006517

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

URS Agents, LLC
1540 Glenway Drive
P.O. Box NOT acceptable
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

BARRY S. LEE SECRETARY/TREASURER
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/25/15
Day

If signing on behalf of an entity:

Amanda Sanders, Assistant Secretary
Typed 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
CR2R045 (03/12)

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