Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
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.

Email Address:_

CMPAGE@VCNAINC.COM

REGISTERED AGENT CHANGE VOTORANTIM CIMENTOS NORTH AMERICA, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Delaware	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: VOTORANTIM CIMENTOS NORTH AMERICA, INC.	
2. The principa	al office address: 8529 S. Park Circle, Suite 320, Orlando, FL 32819	
3. The mailing	g address (if different):	
4. Date of incom	prporation/qualification: 10/26/2007 Document number: F07000005318	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	Glazier & Glazier, P.A.	
	8825 Perimeter Park Blvd, Suite 504	.
	Jacksonville, FL 32216)]
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	- -
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	-
	Tallahassee, FL 32301	
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
411	he board or typed mane and title; South and title or typed mane and title.	
hereby accept further agree of my dutles, ar locument is be corporation ha	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
Bv: - <	ion Service Company (Dec 2018 (Date)	
f signing on be	chalf of an entity:	
Sylvia Quepp	oet, Asst. VP	
ŗ	(Typed or Printed Name)	
	* * * DIT TAIC TOTE, *25 AA * * *	

* * * KILING FEE: \$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)