## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## REGISTERED AGENT CHANGE VOTORANTIM CIMENTOS NORTH AMERICA, INC.

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C MCNAIR

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

statement of cha	unge is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida Statutes ration organized under the laws of the State of Delawa	re
		ice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: VOTORANT	FIMCIMENTOSNORTHAMERICA,INC.  PARKCIRCLE,SUITE320,ORLANDO,FL32819	
2. The principal	office address: 8529SOUTH	IPARKCIRCLE,SUITE320,ORLANDO,FL32819	····
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 12/21/	2011 Document number: F0700000531s	
	d street address of the current rtment of State:(If resigned, o	registered agent and registered office on file with the enter resigned)	
	CORPORATIONSERVICE	COMPANY	
	1201HAYSSTREET		2917
	TALLAHASSEE,FL32301-2	2525	AON LIRE
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office	- PX
	CTCorporationSystem		ω
	1200SouthPineIslandRoad		ω , -
		P.O. Box NOT acceptable	
	Plantation,Florida33324		
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registe	ered agent,
Such change was authorized by the	as authorized by resolution d he board, or the corporation	luly adopted by its board of directors or by an officer shas been notified in writing of the change.	so
Short	Wrotan oli i ceror director	SharlinAldao-Carrillo Printed or typed name and title	<u>_</u>
I hereby accept I further agree performance of agent. Or, if th	the appointment as register to comply with the provision (my duties, and I am familian is document is being filed ma	ed agent and agree to act in this capacity. Is of all stanues relative to the proper and complete Is with and accept the obligation of my position as regionally to reflect a change in the registered office address In notified in writing of this change.	istered iss, I
By: (Mickle Holder) 10/27/2017			
	nature of Registered Agent	Date	
0 0	chalf of an entity:		
MicheleHolden			
ı	'yped or Printed Name ** * F	FILANC FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE. MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAI LAHASSEE, FL32314 CR2F645 (03/12)