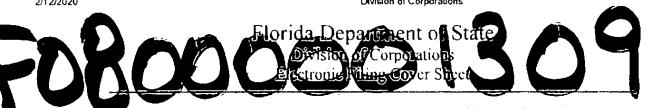
2/12/2020

To:

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE VULCAN MATERIALS COMPANY

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized in order to change its registered office or registered.	ed under the laws of the State of New Jersey
The name of the corporation: Vulcan Materials Company     The principal office address: 1200 URBAN CENTER DRI	VE BIDMINGHAM AT 35242
2. The principal office address: 1200 CRBAN CENTER DAT	YE, DIKURATIYA AB 33242
3. The mailing address (if different): 1200 URBAN CENTER	R DRIVE, BIRMINGHAM, AL 35242
4. Date of incorporation/qualification: 03/19/2008	Document number: F08000001309
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)	<b>₹</b>
CORPORATION SERVICE COMPANY	
1201 IIAYS STREET	
TALLAHASSEE, FL 32301	
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office
C T Corporation System	~ ~ [
1200 South Pine Island Road P.O Box NOT acc	
	ceptable S
Plantation, Florida 33324	
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notif	y its board of directors or by an officer so ied in writing of the change.
Helin Pres	Stephanic Boehm, Secretary
I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and acceptent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in v	Printed or typed name and title agree to act in this capacity, so relative to the proper and complete ept the obligation of my position as registered t a change in the registered office address, I writing of this change.
Signature of Registered Agent	02/08/2020
Signature of Registered Agent	Dute
If signing on behalf of an entity:	
Michele Holden, Asst. 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