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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:_

REGISTERED AGENT CHANGE PLATEAU EXCAVATION, INC.

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

-	he provisions of sections 607.0502, 617.05 change is submitted for a corporation orgo der to change its registered office or regis			
1. The name of	of the corporation: Plateau Excavation, Inc.			
2. The princip	nal office address: 375 Lee Industrial Blvd.,	Austell, GA 30168	<u> </u>	
3. The mailin	g address (if different):			
4. Date of inc	corporation/qualification: 05/30/2008	Document num	ber: F08000002442	,
	and street address of the current registered partment of State: (If resigned, enter resign		fice on file with the	
٠.	Hutto, Bill Resq.			
	620 McKenzie Ave			50 KS
	Panama City, 32401)
6. The name:	and street address of the new registered ag	ent (if changed) and /or	registered office	FEB5
	C T Corporation System			골
	c/o C T Corporation System, 1200 South	Pine Island Road		်
	P.O. Box NO	IT acceptable	 	∃ - 5 5 .
•	Plantation, Florida 33324		·	
Such change authorized h	dress of its registered office and the stree vill be identical. was authorized by resolution duly adopte the board, or the corporation has been not been approximately another or director	ed by its board of direct of the direct of the direct of the control of the contr		
I hereby according to the I hereby according	epi the appointment as registered agent a ee to comply with the provisions of all sta of my duties, and I am familiar with and this document is being filed merely to re rm that the corporation has been notified Corporation System	nd agree to act in this twes relative to the pr accept the obligation of flect a change in the re in writing of this chan	capacity. oper and complete of my position as re gistered office addi gc.	gistered ress, I
Ву:	Dame Best	.02/07/2020		_
	Signature of Registered Agent	·	Date	
If signing on	behalf of an entity:			4
If signing on Denise Bell	behalf of an entity:	· · · · · · · · · · · · · · · · · · ·		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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