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SECRETARY OF STATEMENT APLANIASSEE, FLOR

TEB 4 7819 T. ROBERTS



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION C

COST LIMIT :

ORDER DATE: January 31, 2013

ORDER TIME : 3:48 PM

ORDER NO. : 516924-039

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: OLDCASTLE SURFACES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the State of \underline{G}	Seorgia
1. The name of t	he corporation: OLDCASTLE SURFA	ACES, INC.	
	office address: 1400 W. Marietta Atla		
3. The mailing a	ddress (if different):		<u></u>
4. Date of incorp	poration/qualification: 09/08/2008	Document number: F080000	003920
	I street address of the current registered ag tment of State: (If resigned, enter resigned		h the
	CT Corporation System		
	1200 South Pine Island Road	·	್ಞ ಪ
	Plantation FL 33324		TO TO THE PROPERTY OF THE PROP
6. The name and street address of the new registered agent (if changed) and /or registered office			
	Corporation Service Company		M II: 03
	1201 Hays Street		P
	P.O. Box NOT	acceptable	
The street addre	ess of its registered office and the street a be identical.	address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not		
20		Deb Reeves, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	re of an officer or director the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	ites relative to the proper and comp ecept the obligation of my position is	olete as registered
ву: 🔏	on Service Company Inature of Registered Agent	January 24, 2013	
If signing on be	U half of an entity:		
Sarah Wrigh	t, Asst. Vice President		
T	yped or Printed Name		

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

* * * FILING FEE: \$35.00 * * *