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(((H10000257191 3)))



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TO:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE JOHNSON WESTERN GUNITE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

11/30/2010

## **COVER LETTER**

10:	Division of C	orporations					
CIID II	e~r.	Johnson Western Gu	nite Company				
SUBJECT: Name of Corporation							
DOCU	JMENT NUM	BER:F1	000000482				
The en	closed Stateme	nt of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
Please	return all corre	spondence concerning this matte	er to the following:				
		Name of Co	ontact Person				
		214114 02 04					
		Firm/C	ompany				
Address							
		City/State a	and Zip Code				
		•	utorperini.com				
	Ē	·	future annual report notification)				
For fu	rther informatio	n concerning this matter, please	call:				
	Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclos	00.282 s ai bea	check made payable to the Depar	riment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

CR2B045 (8/05)

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

	ings is submitted for a corport or to change its registered offic	-	-			
1. The name of	the corporation: Johnson Weste	ern Gunite Comp	any			
2. The principal office address: 940 DOOLITTLE DR SAN LEANDRO CA 94577						
3. The mailing a	ddress (if different):					
4. Date of incor	poration/qualification: 0	1/28/2010	Document number:	F10000000482		
	i street address of the current transment of State: (If resigned, ca		and registered office on i	file with the		
	REGISTERED AGENT SOL	UTIONS, INC.				
	155 OFFICE PLAZA DR. SU	ITE A				
	TALLAHASSEE FL 32301					
6. The name and (if changed):	i street address of the new reg	istered agent (if	changed) and for register	red office 10 NOV 30		
	C T Corporation System					
	c/o C T Corporation System, 1200 South Pine Island Road					
	Plantation, Florida 33324	P.O. Box NOT aco	spłab lė			
The street address changed will	ess of its registered office and	d the street add	ress of the business offic	e of its registered agent,		
Such change wa authorized by the	as authorized by resolution d ne board, or the corporation i	uly adopted by las been notifie	its board of directors or d in writing of the chan	by an officer so ge.		
بریجے س	wich		Tristan Emrich,	Vice President		
<b></b>	the appointment as registere the appointment as registere to comply with the provisions ad I am familiar with and acc ny filed merely to reflect a cl s been notified in writing of the	ed agent and as s of all statutes ept the obligat hange in the re his change.		ty. nd complete performance ristered agent. Or, if this I hereby confirm that the		
By:	-all-		11/23/2 Date	010		
If signing on be	chalf of an entity: T Corporation System  System Sy	Somantha Assistant So	Serol			
	* * * P	iling fee:	\$35.00 * * *			
M CR2E045 (8/05)	MAKE CHECKS FAYA AIL TO: DIVISION OF CORPO		na Department of Sta Box 6327, Tallahasse			

FLOOR - 01/23/2009 C T Kysters Online