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C. CARROTHERS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 130831 4340092

AUTHORIZATION : Spelle of

COST LIMIT : (\$\sqrt{35.00}

ORDER DATE: May 5, 2016

ORDER TIME : 12:43 PM

ORDER NO. : 130831-005

CUSTOMER NO: 4340092

CHANGE OF AGENT

NAME: GULF COAST PRE-STRESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted j	tions 607.0502, 617.050 for a corporation organ gistered office or registe	ized under the la	ws of the State of D	E	_
	_	BULF COAST PRE-STR		·		
2. The principal	office address:	94 NO. MARKET ST., I	PASS CHRISTIA	AN, MS 39571		
3. The mailing a	ddress (if differer	nt): P O BOX 825, PAS	S CHRISTIAN,	MS 39571		***
4. Date of incorp	ooration/qualifica	tion: 12/03/1992	Document	number: F92000000	794	
5. The name and	street address of	the current registered a fresigned, enter resigned	gent and register			
	CSC					2
	1200 S. PINE IS	SLAND RD.			4M 4M 4M	2816 MAY
	PLANTATION, I				J. J.	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offic					PH 7:
	Corporation Ser	rvice Company			OF STATE TELF LORIDA	9
	1201 Hays Stree					
	T-U-b	P.O. Box NOT	acceptable FL	32301		
	Tallahassee	· <u>-</u>		32301		
The street address changed will	ess of its registere be identical.	ed office and the street	address of the bi	usiness office of its re	gistered ag	ent,
Such change wa authorized by th	s authorized by i	resolution duly adopted orporation has been no	by its board of tified in writing	directors or by an offi of the change.	icer so	
(Congress	e Suit		Wayne Snow	Controller		
Signatur	re of an officer or direc	for	Prin	led or typed name and title		_
I further agree to performance of agent. Or, if this hereby confirm	o comply with th my duties, and I	as registered agent and provisions of all state am familiar with and a cing filed merely to refliction has been notified in pany	utes relative to ti eccept the obliga	he proper and comple tion of my position as	etc registered address, I	!
By: /Sig	nature of Registered Ag	-		5/5/16 Date		
If signing on be	half of an entity:					
Me	elissa Zender					
	Wice Presime	;				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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