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To:

Division of Corporations

Fax Number

: (850)617-6388

From:

Account Name : URS AGENTS LLC
Account Number : 12015000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: tamara lentner@bekaert.com

REGISTERED AGENT CHANGE BEKAERT CORPORATION

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COVER LETTER

TO:

Amendment Section Division of Corporations

BEKAERT CORPORATION

F98000001580

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamara Lentner

Name of Contact Person

BEKAERT CORPORATION

Firm/Company

1395 S. MARIETTA PKWY., STE 500-100

Address

MARIETTA, GA 30067

City/State and Zip Code

tamara.lentner@bekaert.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

800 567-4397
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: BEKAERT CORPORATION
2. The principal office address: 1395 S. Marletta Pkwy. Ste. 500-100 Marietta, GA 30067
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/20/1998 Document number: F98000001580
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)
C T CORPORATION SYSTEM
515 E. PARK AVENUE
TALLAHASSEE, FL 32301-2525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
URS AGENTS, LLC
3458 LAKESHORE DRIVE
P.O Box NOT screptable 99 49 TALLAHASSEE, FL 32312
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Johan Vanbergen, Treasurer Johan Vanbergen, Treasurer Printed of typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agont 5 28 19
If signing on Behalf of an entity:
Kathy Clark, Assistant 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
CR2E045 (03/12)