

F98000007110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

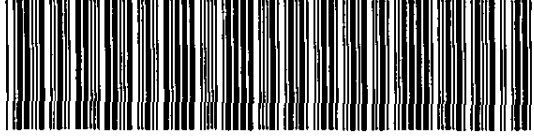
(Business Entity Name)

(Document Number)

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STEEBON T. ROBERTS
FEB 4 2013
T. ROBERTS
FEB 4 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

COST LIMIT : \$ 35.00

Lynette

ORDER DATE : January 31, 2013

ORDER TIME : 3:47 PM

ORDER NO. : 516924-037

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: OLDCASTLE PRECAST, 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

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 Washington in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OLDCASTLE PRECAST, INC.

2. The principal office address: 1002 15th Street SW Suite 110, Auburn WA 98001 US

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/30/1998 Document number: F98000007110

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)

CT Corporation System

1200 South Pine Island Road

Plantation FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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.

Deb Reeves
Signature of an officer or director

Deb Reeves, Vice President
Printed or 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.

Corporation Service Company
Sarah Wright
Signature of Registered Agent

January 24, 2013
Date

If signing on behalf of an entity:

Sarah Wright, Asst. Vice President
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