

F98000007110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

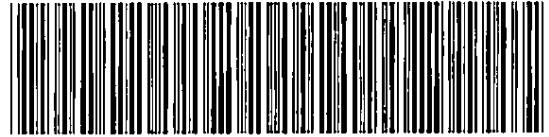
(Document Number)

Certified Copies _____

Certificates of Status _____

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19 JAN -2 PM 4:30

FILED
2019 JAN -2 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FL

AKC
1/4/19
DC

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 565473 7918422
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 2, 2019
ORDER TIME : 2:46 PM
ORDER NO. : 565473-005
CUSTOMER NO: 7918422

FOREIGN FILINGS

NAME: OLDCASTLE PRECAST, INC.

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F98000007110

(Document number of corporation (if known))

1. Oldcastle Precast, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Washington 3. 12/30/1998
(Incorporated under laws of) (Date authorized to do business in Florida)

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TALLAHASSEE, FL

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 1, 2019
5. Oldcastle Infrastructure, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
- (New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- (New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Michael Schaeffer
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael Schaeffer

(Typed or printed name of person signing)

CFO/CAO/Secretary

(Title of person signing)



Office of the Secretary of State
Corporations & Charities Division
(360) 725 - 0377 | www.sos.wa.gov/corps
801 Capitol Way S. Olympia, WA 98504-0234

FILED

Secretary of State
State of Washington
Date Filed: 12/13/2018
Effective Date: 01/01/2019
UBI No: 171 004 504

This Box For Office Use Only

- ☐ Amendment Fee \$30
☐ Amendment Fee with Expedited Service \$80

**ARTICLES OF AMENDMENT
PROFIT CORPORATION
RCW 23B.10**

Please provide UBI # 171004504

NAME OF PROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)
Oldcastle Precast, Inc.

BUSINESS TYPE: Are you changing your business type? ☐ Yes ☒ No (if no, continue to next section)

If yes, select the change being made:

- ☐ WA PROFESSIONAL SERVICE CORPORATION ☐ WA PUBLIC UTILITY CORPORATION
☐ WA SOCIAL PURPOSE CORPORATION

ENTITY NAME CHANGE: Are you changing your business name? ☒ Yes ☐ No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved? ☐ Yes ☒ No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: --

Name: Oldcastle Infrastructure, Inc.

CORPORATE SHARES: Are you changing your business's authorized shares? ☐ Yes ☒ No If no, continue to next section

New number of authorized shares: -- Class of shares: ☐ Common Stock ☐ Preferred Stock

Did your share information change? (check one) ☐ Yes ☒ No If No, continue to next section

If Yes, implementation plan for change: (attach additional pages if needed)

Has your registered agent changed? ☐ YES ☒ NO If Yes, please be sure to complete page 2

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? ☐ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below, be sure to include the name below the checked box.
Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual _____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Entity _____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Office or Position _____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
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Phone: _____

Email: _____

Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address: _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address: _____ Zip: _____ City: _____
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CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent	Printed Name/Title	Date
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DURATION: *Required only if changed* Please check ONE of the following

☐ This Company shall have a perpetual duration ☐ This Company shall have a duration of _____ years.

☐ This Company shall expire on _____

ADOPTION OF ARTICLES OF AMENDMENT: This Amendment was duly adopted by the following method

☐ By a sufficient vote of shareholders

☒ By the board of directors

☐ By the incorporators prior to the issuance of shares

EFFECTIVE DATE:

☐ Date of filing ☒ Specify a Date 01/01/2019 cannot be more than 90 days following received date

DATE OF ADOPTION: When was this Amendment adopted?

☒ Date of filing ☐ Specify a date: _____

RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: Amy Forrest c/o CRH Americas Law Group

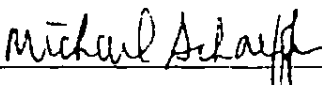
Email: amy.forrest@na.crh.com

Address: 900 Ashwood Pkwy, Suite 600

City Atlanta State GA Zip 30338

AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	<u>Michael Schaeffer, CFO/CAO/Secretary</u>	<u>12/10/18</u>
Signature of Authorized Person	Printed Name/Title	Date

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

DEC 20 2018



Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 3 