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(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
· (Bu	isiness Entity Nan	ne)			
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B. KOHR

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EXAMINER





ON SERVICE COMPANY						
ACC	COUNT NO.	:	0721000000	32		
I	REFERENCE	:	513067	4323387	100 A	
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CC	OST LIMIT	:	\$ 65 00	enan	ノ ままっち	至
ORDER DATE : MAY 30	2008		· • • • •		FLONE STATE	
ORDER TIME : 8:00 A	M					•
ORDER NO. : 513067	-070					
CUSTOMER NO: 4323	3387					
				-		
<u>Ct</u>	HANGE OF AC	GENT	-			
NAME: ATLANTIC COASTAL MATERIALS, LLC						
PLEASE RETURN THE FOI	LOWING AS	PRC	OOF OF FILI	NG:		•
CERTIFIED CON PLAIN STAMPER						
CONTACT PERSON: Kath	ny Drake -	- EX	(T# 2959			
			EXAMINER:			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ATLAN	NTIC COAST MATERIALS, LLC				
2. The mailing address of the limited liability company is	·				
1200 Urban Center Drive, Birmingham, AL 35242					
02/16/2000	L00000001772				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the registered office Florida Department of State:					
Barbara C. Johnst	on, Esq.				
Name	7AL 84				
155 East 21st S Address	otreet S A				
Jacksonville, FL	32206 E 3 E				
City, State and Zip					
Barbara C. Johnston, Esq. Name 155 East 21st Street Address Jacksonville, FL 32206 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name					
Corporation Service Company					
Name 1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
Tallahassee FL	32301				
City, State and Z					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)					
Maureen Cullen, Authorized Person	_				
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my possible to the property of the colling filed to me address, I hereby confirm that the limited liability company					
(Signature of Registered Agent) Michelle R. Vannoy, Asst. V.P. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
Division of Cut put anons, r.O. Dux us	4 / , I ananassee, P. L. J&J14				

FILING FEE: \$25.00

INHS18 (8/05)