FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # L0100008624 1. Entity Name 05-08-2002 90085 047 ****50.00 B.J.B. CONCRETE TILES, L.C. Principal Place of Business Mailing Address 5201 BLUE LAGOON DR., STE 100 5201 BLUE LAGOON DR., STE 100 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 3735 Abington Avnue South 3735 Abington Avenue South DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1109320 St. Petersburg, FL St. Petersburg, FL Not Applicable Country \$5.00 Additional Zip 33711 33711 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent =Name reus, alexander Street Address (P.O. Box Number is Not Acceptable) C/O BECKER & POLIAKOFF PA 5201 BLUE LAGOON DRIVE, STE 100 MIAMI FL 33126 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGR Change ☐ Addition TITI F TITLE Delete **BOETTCHER. DIETER** NAME NAME 5201 BLUE LAGOON DR., STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MGR ☐ Addition Change ■ Delete TITLE TITLE **BOERTZELL-SZUCH, BARON H** NAME NAME 5201 BLUE LAGOON DR., STE 100 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIE MGR Change Addition M Delete TITLE TITLE JOEST, HEIDI NAME NAME 5201 BLUE LAGOON DR., STE 100 STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP CITY-ST-ZIP MGR Change **Addition** TITLE ☐ Delete TITLE NAME Altura S. Ewers NAME STREET ADDRESS STREET ADDRESS 3735 Abington Avenue South CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33711 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Ewers | Managing Member SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP