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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Buckeye Concrete, LLC	
(Name o	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernis	ng this matter to the following:
David J. Bross, Esq.	
(Name of Person)	ZE SE TAL
Kohnen & Patton, LLP (Firm/Company)	FILED  101 MAR 29 P 2: CRETARY OF STATLAHASSEE, FLORI
201 E. Fifth Street, Suite 800	FS:
· (Address)	Z: 42 ORIDA
Cincinnati, Ohio 45202	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Peggy M. Barker, Esq.	at (513 ) 381-0656
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
<b>▼</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provis liability company subn agent, or both, in the Si	nits the following	608.416 or 6 statement in	08.508, Florida Stati order to change its r	utes, the unde egistered offi	ersigned limited ce or registered
1. The name of the lim	ited liability com	pany is: Buck	eye Concrete, LLC		
2. The mailing address	of the limited lia	ability compan	y is : 14000 B 68th Str	reet North,	
Largo, Florida 33771					
January 12, 2007		<del>- 1</del>	L07000005267	7	<del></del> -
	Pate of filing/registration in Florida  4. Document nu				
J. Date of Himsgregisti	unon mi i ionida		i. Dodamoni	1141110 41	
5. The name of the regin Florida Department of	of State:	Ū	office address as show	wn on the reco	ords of the
•	CT Corporat				
	4000 0 11 5	Nam			
	1200 South F	Pine Island Ro		<del></del>	
	Plantation, Fl	Addre Orida 33324	ess		
	riantation, i i	City, State	and Zip		
6. The name and address	ss of the new regi	• •	-	SECRETAL ALLAHAS:	200
	Glenn Bowles	s		MAR E TA	<u>H</u>
	14000 B 68th	Name Street North		29 87 0 8EE,	FILE
	Florida street	t address (P.O	. Box NOT acceptabl	F STAI FLORI	5
	Largo	FL	33771	PA 3-0	
•		City, State an	nd Zip		
If the limited liability confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	change or chang of the registered hereby confirmed	es are made, the second	he Florida street addrodentical. Or, in the cage(s) was/were author	ess of the regi ase of a Floric rized by an aft	stered office la limited firmative vote
(Signature of a member or aut	horized representative	of a member)			
. •	Sules	or a member)			
(Printed or typed name of sign	ee)		· · · · · · · · · · · · · · · · · · ·		
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, address, I hereby confit	pointment as regi. ons of all statutes and accept the ob- if this document i. rm that the limite.  O	stered agent a s relative to th oligations of m s being filed to d liability com	nd agree to act in this e proper and complet y position as register o merely reflect a cha pany has been notifie	s capacity. If e performance ed agent as pr nge in the reg d in writing o	urther agree to e of my duties, ovided for in istered office f this change.
(Signature of Registered Agen	t)				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00