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TALLAHASSTEFFLORIDA DIVISION OF CORPORATIONS OF CORPORATIONS

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SEUNETARY OF STATE

,		COVER LETTER
_	ation Section n of Corporations	
SUBJECT: _	STEWART (Name o	CONCRETE, LLC f Limited Liability Company)
Dear Sir or Ma	dam:	
The enclosed R	egistered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return al	l correspondence concernir	ng this matter to the following:
Aaron .	Stewart (Name of Person)	
Steward	- Concrete CCC (Firm/Company)	, , , , , , , , , , , , , , , , , , ,
5001 LA	KERONT OR AG	» A-14
Jallahass	Clty/State and Zip Code)	
For further info	rmation concerning this ma	atter, please call:
Larry s	Hewart (Name of Person)	at (850) 566 9580 (Area Code & Daytime Telephone Number)
,	Name of Person)	(Area Code & Daytime Telephone Number)
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclose	d is a check for the follow	ving amount:
□ \$25 I	Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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.

agent, or both, in the state of Frontia.
1. The name of the limited liability company is: Stewart Concrete, LCC.
2. The mailing address of the limited liability company is: 5001 Lake Front Or Apt-A-
Pallahassee F1 32303
01/25/2007 600009390
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Larry Stewart
Name Name Name Name Name Name Name City, State and Zip Name Name Name Name Name Name Name Nam
6. The name and address of the new registered agent and/or office: Acron Stewart Name Sool bakefront Or Aot A-19 Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32303 City, State and Zip
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 or the operating agreement of the limited liability company.

gnature of a member or authorized representative of a member) (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

ature of Registered Agent)