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Division of Corporations

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## LLC REGISTERED AGENT CHANGE TREMRON, LLC

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tremron, LLC	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Lorna J. Virts	
Name of Person	
Smith, Gambrell & Russell, LLP	
Firm/Company	
1230 Peachtree Street, N.E.,	
Address	
Atlanta, GA 30309	
City/State and Zip Code	1211
mtomlinson@quikrete.com	
E-mail address: (to be used for future annua	il report notification)
For further information concerning this matter, p	lease call:
Lorna Virts	404 815-3580 at ( )
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 following a	mount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

5/24/2016 3:28:11 PM From: To: 8506176383(3/3)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	3490 Piedmont Rd NE, Suite 1300	3490 P	iedmont Rd NE, Suite 1300
	Atlanta, GA 30305	Atlanta	ı, GA 30305
	12/21/2012	L120001	160109
	Date of filing/registration in Florida	4.	Document number
(-)			
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	Caron, Hugh	•	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	2885 St. Clair Street		
	Jacksonville , FI	32254	— 意 <b>动</b>
	, FI	L	MAY AHA
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	C T Corporation System		FLORID.
	NEW Registered Office Address:	<del></del>	
	1200 South Pine Island Road		
	Plantation , FI	33324	
ne cha gent w vas/we ne arti	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the State of f the registered of iability company, of the limited liab c limited liability	ffice and the business office of the registe, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  es, CFO of Tremron US, Inc., sole member
	ture of a monifer of authorized representative of a member		Printed or typed name of signee
l herel	by accept the appointment as registered agent and ag ions of all statilies relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	gree to act in this e performance of	capacity. I further agree to comply with a my duties, and I am familiar with and acc

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