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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)			
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COVER LETTER

Division of Corporations				
Hard Rock Concrete of Centra SUBJECT:	il FI LLC			
Name of 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 concerning this	matter to the following:			
Lisa Vaughn				
Name of Person				
Hard Rock Concrete of Central FL LLC.				
Firm/Company				
11020 SE 100 ST				
Address				
Ocala FL 34472				
City/State and Zip Code				
JOHN_HARDROCKCONCRETE@YAHO	DO,COM			
E-mail address: (to be used for future annua	l report notification)			
For further information concerning this matter, pl	ease call:			
John Ouimet	352 812 5517			
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 amount:				
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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.

1. Na	ame of the limited liability company: Hard Rock C	oncrete	of Central FL LLC.
2. (a)	11020 SE 100 ST Ocala FL 34472	(b)	11020 SE 100 ST Ocala FL 34472
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			
	11/26/2013	L	L13000164916
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Lisa Vaughn		
ν. ()	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	}
	11020 SE 100 ST		32 36
	Ocala ,F	L34472	THE DE
(b)	John Ouimet		- INSERT
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	FILED AND 19
	NEW Registered Office Address:		······································
	11020 SE 100 ST		
	OCALA , FI	34472	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and ag	of the registiability control of the limited l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. HN OUIMET Printed or typed name of signee in this canacity. I further agree to comply with the
	ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	e performa ed for in C hereby co	ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signatu	Æ of Registered Agent Division of Corporations P.O.	Box 6327	'● Tallahassee, FL 32314

FILING FEE: \$25.00