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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721 Phone Fax Number : (775)376-9207

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email  | Address:  | libertypavingco@aol.com |
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## LLC REGISTERED AGENT CHANGE LIBERTY PAVING COMPANY LLC

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## 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.

| 2. (B)        | Principal office address of limited liability con                                                                                              |                                           | (p)                             | Mailing address of limited liability company:                                   |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|---------------------------------------------------------------------------------|
|               | (Note: MUST BE STREET ADDRESS                                                                                                                  | •                                         |                                 | (Note: MAY BE POST OFFICE BOX)                                                  |
|               |                                                                                                                                                |                                           |                                 |                                                                                 |
|               | 12/19/16                                                                                                                                       |                                           | L1600022                        | 8664                                                                            |
| ١,            | Date of filing/registration in Florida                                                                                                         | 4.                                        |                                 | Document number                                                                 |
| i. (a)        |                                                                                                                                                | THE APPLICATE A WAY VALUE IN THE A TO THE | ggaan park skrively token a se  | eve-                                                                            |
|               | Registered Agent and Registered Office shown on the                                                                                            | records of the Flor                       | rida Dept. of Sta               | te:                                                                             |
|               | WILL R HARRIS                                                                                                                                  |                                           |                                 | - B                                                                             |
|               | Registered Office Address (MUST BE FLORIDA                                                                                                     | STREET ADDRE                              | <u> </u>                        | ALLAHASSEL FLORIDA                                                              |
|               | 410 BLANDING BLVD #10 210                                                                                                                      |                                           |                                 | 縣 星 子                                                                           |
|               | ORANGE PARK                                                                                                                                    | , FL <u>3207</u>                          | 3                               |                                                                                 |
|               |                                                                                                                                                |                                           |                                 | 平 (                                                                             |
| (p)           | Enter name of NEW Registered Agent and/or NEW                                                                                                  | Pagistared Office                         | address:                        | -                                                                               |
|               | / Agy Repliefer Men and of Men.                                                                                                                | MORINE DAMES                              | AUGITEM.                        | <b>10</b>                                                                       |
|               | Inc Authority RA                                                                                                                               |                                           |                                 | -~                                                                              |
|               | NEW Registered Office Address:                                                                                                                 |                                           |                                 | _                                                                               |
|               | 390 North Orange Ave., Ste 2300-                                                                                                               | N                                         |                                 | _                                                                               |
|               | Orlando                                                                                                                                        | , FL 3280                                 | 01                              |                                                                                 |
| f the l       | limited liability company is not organized und                                                                                                 |                                           |                                 |                                                                                 |
| hange<br>gent | c or changes are made, the Florida street addrewall be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the m | ess of the regist<br>imited liability     | ered office ar<br>company, it i | nd the business office of the registered is hereby confirmed that the change(s) |
|               | icles of organization or the operating agreeme                                                                                                 |                                           |                                 |                                                                                 |
| L             | WW K blom                                                                                                                                      | <u>~</u>                                  | Vill R Harris                   |                                                                                 |
|               | iture of a member or authorized representative of a mem                                                                                        |                                           |                                 | Printed or typed name of signee                                                 |

Signature of Registered Agent