(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/29/2024	
	Patrice Rush	
Reference #:	2476334	
Entity Name:	CONCRETE S	CIENCE SERVICES, LLC
Article	s of Incorporation/Authoriza	tion to Transact Business
☐ Amen	dment	
✓ Change	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er .	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:	(Pall	

F: 800.944.6607

,	COVER I	LETTER
TO: Registration Section Division of Corporations		
Concrete Science Services, LLC SUBJECT:		
Na	me of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the	following:
Annette Peterson-Igbinovia		
Name of Person		_
Fredrikson & Byron, P.A.		
Firm/Company		
60 South Sixth Street, Suite 1500		
Address		_
Minneapolis, MN 55402	,	
City/State and Zip Code		_
terzo@łakest.com		
E-mail address: (to be used for future ar	inual report notif	īcation)
For further information concerning this matte	r, please call:	
Annette Peterson-Igbinovia	612 at (492-7785
Name of Person		Area Code & Daytime Telephone Nur
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:	

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:	e Services.	LLC		
2. (a)	• • •			8801 Business Park Drive	
<u> -</u> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(r		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 211		Suite 211		
	Fort Meyers, FL 33912		Fort Meyo	ers. FL 33912	
	8/24/2020		L20000262.	375	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Steven W. Hicks				
J. (L)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Stat	te:	
	924 Pecten Court				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	_	
	Sanibel F	L33957		2024 AUG 29 SECRETARA	
(b)	Florida Filing & Search Services, Inc.			UG 29	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			G 29 AM 9: 3 LANGASSEE, FL	
	155 Office Plaza Drive				
	NEW Registered Office Address:	TE 31			
	Tallahassee , F	32301		_	
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the 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	iws of the e registere iability co of the lim	d office an mpany, it i ited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	for the	Justi ———	n Terzo		
I here provis the ob to mer notifie	the continuous continu	gree to act e performa ed for in C hereby co	in this cap ince of my hapter 603 infirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signati	ire of Registered Agent				