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COVER LETTER

TO: Registration Section Division of Corporations	
Asphalt Production II. LEC SUBJECT:	
	I Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Peter J. Martinkus, CFO	
Name of Person	
Asphalt Production II, LLC	
Firm/Company	
e/o The Middlesex Corporation	
Address	
One Cosmonaut Boulevard Orlando, FL 32824	
City/State and Zip Code	
pmartinkus@middlesexco.com	
E-mail address: (to be used for future annual report no	stification)
For further information concerning this matter, please call:	
Peter J. Martinkus 978 at (742-4428
Name of Person	Area Code & Daytime Telephone Number
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 following amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

l. Na	me of the limited liability company: Asphalt Production	n II. 1.1.0	·		
2. (a)	10801 Cosmonaut Boulevard	(1	b) (.	ne Spe	etacle Pond Road
(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32824	_	L —	ittleton.	MA 01460
		_	_		
	09 13/21	_		100041. ——	<u> </u>
3.	Date of filing-registration in Florida	4.			Document number
5. (a)	Joshua Wernig				
	Registered Agent and Registered Office shown on the records of	the Florid	a De	pt, of St	ate:
	118 DEER PATH LANE				
	Registered Office Address	<u>ADDRES.</u>	<u>S)</u>		
		_			
	WESTON	02493			— (S)
	. 11-	·			7.27
(h)					
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	Office a	ddre	<u>.vv</u> :	
					<u> </u>
	NEW Registered Office Address:				
	10801 Cosmonaut Boulevard				<u></u>
	Orlando FL	32824			<u></u>
chance agent v was we the arti	imited liability company is not organized under the lay will be identical. Or, in the case of a Florida limited licere authorized by an aftirmative vote of the members or the organization or the operating agreement of the	registet ability of the lin limited	ed omp nite liab	office a pany, it d liabil pility ce	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
-	ture of a member or authorized representative of a member				Printed or typed name of signee
I hereo provisi the obl to mere notifice	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I'm writing of this change.	ce to ac perform I for in hereby c	t in tanc Cha onfi	this ca ce of my ipter 60 irm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00