## M00000002705

(Requ	uestor's Name)	
(Addr	ess)	<del></del>
(Addr	ess)	
(City/s	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
-		
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
·	_	
		ł
		Į

Office Use Only



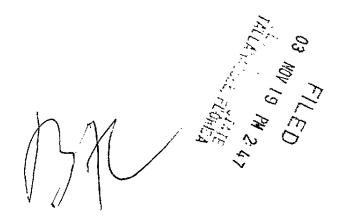
900024514009

11/19/03--01035--015 \*\*25.08

RECEIVED

03 NOV 19 AN II: 22

DIVISION OF CORPORATION



November 19, 2003

TALLAME TALAM

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5978639 SO

Customer Reference 1: change of agent

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:



Clark Concrete Contractors, LLC (MD) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley\_Mitchell@cch-lis.com



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

Pursuant to the provisions of s liability company submits the fo	sections 608.416 o	r 608.508, Florid	la Statutes, the	zińiderstyn	ed limited
agent, or both, in the State of Flo	orida.	in order to chang	ge us registere	E STATE	registered
1. The name of the limited liabi	lity company is: <u>C</u>	lark Concrete Contrac	ctors, LLC	7300 0	T FG
2. The mailing address of the lin	nited liability com	nany is · 7500 Old	Georgetown Roa	d Bethesda 🌠	D 20844
	modulity comp	, <u>, , , , , , , , , , , , , , , , , , </u>		6	
				- <del> </del>	F
December 28, 2000		M00000	0002705	<b>I</b>	3
3. Date of filing/registration in l	Florida	4. Doc	ument number		
5. The name of the registered ag Florida Department of State:	ent and the register	ed office address a	as shown on th	e records of	the
Согро	ration Service Compan	v			
-		ame		,	
<u>1201 F</u>	Yays Street			4.	
	Ād	ldress			·
Tallah	assee, FL 32301				
	City, Sta	ate and Zip			
6. The name and address of the r	new registered agen	t and/or office:	-,		
<u>C</u> TC0	rporation System				
•	Naı	me			
1200 Sc	outh Pine Island Road				_
Flori	da street address (F	P.O. Box NOT acc	ceptable)		. <u></u>
Plantat	ion <u> </u>	FL 33324			
	City, State	e and Zip	-		
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby conthe members of the limited liability the operating agreement of the limited liability that the lia	or changes are made sistered agent will be infirmed that the charter or as of mited liability com	e, the Florida stree be identical. Or, in ange(s) was/were otherwise provided	et address of the on the case of a authorized by	e registered Florida limi an affirmati	office ted ve vote of
(Signature of a member or authorized repre	sentative of a member)				
John P. O'Keefe, Manager					
(Printed or typed name of signee)	<del></del>	ىنى <u>- ب</u>	•		
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept Chapter 608, F.S. Or, if this docaddress, I hereby confirm that the CT Corporation System	statutes relative to ot the obligations o	the proper and co f my position as re d to merely reflect ompany has been	omplete perfor egistered ageni	mance of my t as provided	y duties, d for in
(Signature of Registere d Agent)	/				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**