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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: December 28, 2017

Order#: 983018-006

Re: SUWANNEE AMERICAN CEMENT LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.		ame of the limited liability company: SUWANI	NEE AMER	ICAN		
2.	(a)	5117 US Highway 27 Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny:	(b).	5117 US Highway 27 Mailing address of limited lia (Note: MAY BE POST O	
		Branford, FL 32008		-	Branford, FL 32008	
		03/04/2003	_		M0300000740	
3.		Date of filing/registration in Florida	4	. –	Document number	
5.	(a)	C T Corporation System				
J.	(a)	Registered Agent and Registered Office shown on the rec	ords of the F	lorida D	Dept. of State:	
		1220 S Pine Island Rd				9
		Registered Office Address (MUST BE FLORIDA STREET A				SEAL
						FIL SIGN OF C
						1 97T
		Plantation	FL3	3324		ω_{-}
						OF STATE REPORATIONS PM 1: 12
	(b)	/ 				# (ATI
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>			ess;	5
		1201 Hays Street				
		NEW Registered Office Address:				
				-		
		Tallahassee	, FL 32	301		
_						
the ag wa	e cha ent v is/we	imited liability company is not organized under inge or changes are made, the Florida street addi vill be identical. Or, in the case of a Florida lim ere authorized by an affirmative vote of the men icles of organization or the operating agreement	ress of the nited liabilit nbers of the	registe ly com : limite	ered office and the business office pany, it is hereby confirmed that ed liability company or as otherw	e of the registered the change(s)
/s/ Gary Hickman				Gary Hickman, Manager		
Signature of a member or authorized representative of a member				Printed or typed name of signee		
pro the 10	ovisi v obl mere	by accept the appointment as registered agent a ions of all statutes relative to the proper and con igations of my position as registered agent as p ely reflect a change in the registered office addr d'in writing of this change.	nd agree to mplete perf rovided for ress, I herei	e act in orman in Ch by con,	n this capacity. I further agree to use of my duties, and I am familia uapter 605, F.S. Or, if this docum firm that the limited liability com	o comply with the r with and accept tent is being filed apany has been

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President