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(Re	equestor's Name)						
(Address)							
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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SECULIANT OF STATE

JUL 1 6 2015

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COVER LETTER

	Registration Section Division of Corporations						
SUBJE	CT: Concrete Services, LLC						
Name of Limited Liability Company							
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Of	fice Ch	ange and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	nis matt	ter to the	following:			
Patrick S	S Free						
	Name of Person	-		_			
Concrete	Services, LLC						
	Firm/Company						
1615 S.	Congress Avenue - Suite 103						
	Address						
Delray I	Beach, FL 33445						
	City/State and Zip Code						
shawnfre	ee@concreteservices.net						
E-r	nail address: (to be used for future and	nual rep	ort notif	ication)			
For furth	ner information concerning this matter	, please	call:				
Patrick	S Free	at (561	742-3049			
	Name of Person	— `		Area Code & Daytime Telephone Num			
:	STREET/COURIER ADDRESS:		M.	AILING ADDRESS:			
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
(Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Fallahassee, Florida 32301		Ta	llahassee, Florida 32314			
]	Enclosed is a check for the following	gamou	nt:				
9	\$25 Filing Fee		□ \$£	55 Filing Fee & Certified Copy			
INHS18 (2/14)						

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	me of the limited liability company: Concrete Service	es, LLC					
2. (a)		(1	b)				
		Principal office address of limited liability company:	_ `	,	Mailing address o	of limited liabi	lity co	npany:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY B	<u>IE POST OFF</u>	<u>FICE E</u>	<u>(0X</u>)
		1615 S. Congress Avenue - Suite 103	_	1615 S. C	Congress Avenu	e - Suite 103	<u> </u>	
		Delray Beach, FL 33445		Delray B	each, FL 33445	<u> </u>		
		12/3/02		M0300000	1258			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)							
•	(-)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State	- e:			
		Patrick S Free						
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	<u></u>	=			
		10527 100th Street South			_			
		Boynton Beach , FL	_33472		_			
						를 보고 : :	2015	
(b) .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		 	-	3>>> 5	ار ==	estera proces
		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			=======================================	n ber ette
						SSE .	F	
		NEW Registered Office Address:			-		₹	
		1615 S. Congress Avenue - Suite 103				280 257	?	V. J
					-	\$ H	ဋ	
		Delray Beach , FL	33445		_			
lf th	e li	mited liability company is not organized under the lav	us of the	State of Elv	orida it is bars	shu oonfirm	ad the	ot often
the c	chai	nge or changes are made, the Florida street address of	the regi	stered office	e and the busin	ness office o	of the	registered
ager was	st w /we	rill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of	ability co	ompany, it is	s hereby confi	rmed that the	e prov	nge(s)
the	arti	cles of organization of the operating agreement of the	limited	liability con	npany.	us offici wis	c pro-	vided iii
		Walley Slam Face	Pat	trick S Free				
Sig	gnat	ure of a member or authorized representative of a member			Printed or typed	I name of sign	cc	
I he prov	ereb visio	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	ree to act	t in this cape	acity. I further	r agree to c	omply	with the
the o	obli er	by accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete gations of my position as registered agent as provide to reflect a charge in the registered office address, I if he writing of this change.	d for in (Chapter 605	F.S. Or, if the	is documer	it is b	eing filed
noti	fifa	in writing of this change.	norcoy o	oigian mu t i	HE HIMMEN HAI	omy compe	лиу п	as ucch
Sion	1	a of Revistand Acoust						