m06000003614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2012 MAY 25 PM 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 216999 7886452

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : May 24, 2012

ORDER TIME : 9:12 AM

ORDER NO. : 216999-018

CUSTOMER NO: 7886452

FILED
2012 MAY 25 PM 03:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: CONSTRUCTION PRODUCTS DISTRIBUTORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: CONSTRUCTION PRODUCTS DISTRIBUTORS, LLC

2. (a) Principal office address of limited liability company: 5901 Thornton Avenue
Des Moines, IA 50321
(*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

06/27/2006 — 3. Date of filing/registration in Florida

M06000003614 — 4. Document number

2012 MAY 25 PM 4:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI Services, Inc.

Registered Office Address: 515 E. Park Avenue
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Maureen Cathell

(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Sylvia Queppet
(Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President

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

INHS18 (05/08)