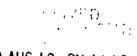
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

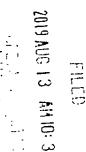
Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/13/2019	
	Merritt Walker	
	#:1114688	<u> </u>
Entity Name	VULCAN INDUSTRIA	AL CONTRACTORS CO., LLC
Articl	les of Incorporation/Authorization	on to Transact Business
☐ Ame	ndment	
✓ Char	nge of Agent	201
Rein	statement	2019 AUG
Conv	version	
☐ Merg	ger	A 10
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized /	Amount: \$25	
Signature: _	un	

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.

ranta			
1. N	ame of the limited liability company:VULCAN	NINDUSTRIAL	CONTRACTORS CO., LLC
2. (a)		(b)	
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No	o Change
	January 8, 2007		M0700000135
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
()	Registered Agent and Registered Office shown on the record	ds of the Florida Dept	t. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	
	Plantation	FL_33324	2019 AUG 13
(b)	COCENCY OF ORAL INC		
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address	
	115 North Calhoun St., Suite 4		AH 10: 32
	NEW Registered Office Address:		· Go
	Tallahassee	. FL 32301	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registere ed liability compa ers of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ D	avid Killion	David Ki	illion
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro- ely reflect a change in the registered office addres ed in writing of this change.	l agree to act in ti olete performance vided for in Chap is, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been

Tim Mayville, Assistant Secretary

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

/s/ Tim Mayville
Signature of Registered Agent