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SECRE LARY OF STATEMENT OF CORPORATIONS
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/13/13

NAME:

AGGREGATES USA, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

ABBIE/PAUL

## 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.

Name of the limited liability company:	AGGREGATES USA, LLC	
2. (a) Principal office address of limited liability compa	591 Redwood Highway	
(Note: MUST BE STREET ADDRESS)	Suite 3215	
	Mill Valley, CA 94941	
(b) Mailing address of limited liability company:	3300 Cahaba Road	
(Note: MAY BE POST OFFICE BOX)	Suite 320	
(Note: Inter all 1 out of 1 tell both)	Birmingham, AL 35223	
February 23, 2010	M1000000831	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	•	
Registered Agent:	Corporation Service Company	
Registered Office Address:	1201 Hays Street	
	Tallahassee, Florida 32301-2525	
NEW Registered Agent:	National Corporate Research, Ltd., Inc.  155 Office Plaza Drive	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Urive	
MASSA 22 A ZORIDI STADELI I I I I I I I I I I I I I I I I I I	Tallahasseo , I-L 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as office or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited c(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any.	
Bill Nikelas Member		
Printed or typed name of signee	<u></u>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608. 4.5. Or, if this document is heing filed to address, I hereby confirm that the limited limiting comp	al garge to get in this capacity. I further grown to	
Signature of Registered Agent Mark Shames, Assistant Sect	retary	
Division of Cornerations P.O. Roy		

**FILING FEE: \$25.00**