112000002675

(Red	juestor's Name)				
(Add	lress)				
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(Add	lress)				
(City	/State/Zip/Phone	e #)			
☐ PICK-UP	MAIT WAIT	MAIL.			
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(Bus	iness Entity Nan	ne)			
(Dos	cument Number)				
(DOC	ument Number)				
Certified Copies	Certificates	Certificates of Status			
Special Instructions to F	iling Officer:				
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Office Use Only



800263753548

08/27/14--01017--008 **25.00



CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: August 25, 2014

Order#: 258215-014

Re: ASSOCIATED ASPHALT CONLEY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

QUCA.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.

2. (a)	2677 Roanoke Avenue SW		(b)	(b) 2677 Roanoke Avenue SW				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Roanoke	V/ 24015		Roanoke	VA	24015	<u> </u>	
_	05/11/2012			M12000002675				
3.	Date of filing/regist	tration in Florida	4.	Docum	nent number			
5. (a)	C T Corporation System							
	Registered Agent and Registered (Office shown on the records	of the Florida	Dept. of State:				
	1200 South Pine Island Ro	oad						
	Registered Office Address (ME	UST BE FLORIDA STREE	ET ADDRESS)					
					•	-		
	Plantation		FL <u>33324</u>			14 AUG 27 PH 4: 22 SECRETARY OF STATE FALLAHASSEE, FLORIC		
<i>(</i> 1.)	O					TAF		
(b)	Corporation Service Compa		red Office add	ress:		YY (LEU	
		<u> </u>		•		PH C	_	
	1201 Hays Street					4: 22 STATE -LORID		
	NEW Registered Office Address:					TE RIDA		
				 				
	Tallahassee	·	FL <u>32301</u>					
the chagent was/w	limited liability company is not ange or changes are made, the will be identical. Or, in the casere authorized by an affirmaticities of organization or the organization or the organization or the organization.	e Florida street address ase of a Florida limited ive vote of the member	of the regist l liability cor s of the limi he limited li	tered office and the mpany, it is hereby ted liability compa	e business offi confirmed than any or as other	ce of the register at the change(s)		
Signa	ature of a member or authorized repr	esentative of a member		<u> </u>	or typed name of	signee	_	
l here	by accept the appointment as ions of all statutes relative to ligations of my position as req ely reflect a change in the reg	registered agent and o the proper and comple gistered agent as provi	agree to act ete performa ded for in C	in this capacity. I nce of my duties, a hapter 605, F.S. (further agree and I am famil Or, if this docu	to comply with th iar with and acco ment is being file	ie 2pt ed	

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