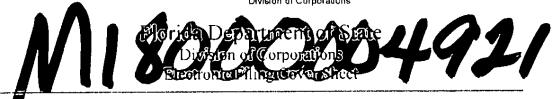
2/12/2020

Division of Corporations



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(((H20000049324 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

Enter the email address for this business entity to be used for futurers annual report mailings. Enter only one email address please.

1	Address:			

LLC REGISTERED AGENT CHANGE AGGREGATES USA (SAVANNAH), LLC

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O SIMMONS

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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.

. Na	me of the limited liability company: Aggregates USA (Savannat), I.I.C			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)			
	1200 URBAN CENTER DR	1200 URBAN CENTER DR				
	BIRMINGILAM, AL 35242		BIRMINGHAM, AL 35242			
	05/22/2018		M1800000492	21		
S.	Date of filing/registration in Florida	4.	[Document number		
	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	Dept, of State.				
			10			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>)	<u> </u>	20F			
	1201 HAYS STREET		To the same			
	Tullahassec , FL		2020 FEB 12 1 SECRETARIA			
(b)	C T Corporation System	2020 FEB 12 AM 11: 40 SECRE NATA SEE FL				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FE 6		
						
	 -	NEW Registered Office Address:				
	1200 South Pine Island Road					
	Plantation	33324				
he cha igent v was/wi he art	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reginability confithe limited	stered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Signa	full fall ture of a member of authorized representative of a member			Printed or typed name of signee		
I here provis the obt	hy accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	rec to ac. perform ed for in t hereby c	in this capa ance of my a Chapter 605, onfirm that to	city. I further agree to comply with the hities, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Зу:	re of Registered Agent Michele Holden, Asst. Secretary					
Signatu	ire of Registered Agent Michele Holden, Asst. Secretary					