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## LLC REGISTERED AGENT CHANGE AGGREGATES USA (SPARTA), LLC

Certificate of Status	0
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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.

١.	Na	me of the limited liability company: Aggregates USA (S	Sparta),	LLC		
		Principal office address of limited liability company:			Mailing address of limited liability cor	mpany:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE F	<u>(OX</u> )
		1200 URBAN CENTER DR	BIRMINGILAM, AL 35242			
		BIRMINGHAM, AL 35242				
		05/22/2018		м180000049	936	
3.		Date of filing/registration in Florida	4.		Document number	-
5.	(a)	CORPORATION SERVICE COMPANY				
٦.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	::	
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>S)</u>		
		1201 HAYS STREET		<u></u>		
		Tallahassee , FL	32301		-	
	(b)	C T Corporation System			202 1ALI 1ALI	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	ldress:	2020 FEB 12 SECRETARY TALL AHASSII	
		NEW Registered Office Address:	_			ΪП
		1200 South Pine Island Road				D
		Plantation, FL_	33324		20 IDA	
th ag w	e cha gent as/w e art	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility of the lin limited	istered office company, it is mited liability	e and the business office of the s hereby confirmed that the ch y company or as otherwise pro npany.	registered ange(s)
_		nuc of a member or authorized representative of a member		-	Printed or typed name of signee	
		by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to ac perfori I for in ereby (	ct in this cap mance of my Chapter 60, confirm that	acity. I further agree to comp duties, and I am familiar with 5, F.S. Or, if this document is the limited liability company i	ly with the and accept being filed aus been
B)	•	ire of Registered Agent Michele Holden, Asst. Secretary				
-	ē	2 . Menere Homeit, 1880. Secretary				

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