## P0/607

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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 063465

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 17, 2012

ORDER TIME : 9:05 AM

ORDER NO. : 063465-005

CUSTOMER NO: 7329143

## CHANGE OF AGENT

NAME: AJAX PAVING INDUSTRIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation organ	ized under the laws of the State of Michigan
		ered agent, or both, in the State of Florida.
1. The name of	the corporation: AJAX PAVING IND	USTRIES, INC.
2. The principal	office address: 839 Kirts Blvd., Suite	100, Troy, MI 48084 US
3. The mailing a	address (if different): 510 Gene Green R	.d.,Nokomis, FL 34275-3624 US
4. Date of incorp	poration/qualification: 04/13/1984	Document number: P01607
	d street address of the current registered agriment of State:	gent and registered office on file with the
	Horan, Michael A.	
	510 Gene Green Rd	
	Nokomis, FL 34275	THE TOTAL TOTAL
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office
	Corporation Service Company	To To
	1201 Hays Street	PATTE ST
	(P.O. Box NOT acceptable)	~
	Tallahassee, FL 32301	<del></del>
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.
Ma	ween Cathell	Maureen Cathell, Vice President
I hereby accept I further agree i of my duties, an document is bei	i been notitiea in writing of inis change.	(Printed or typed name and title) I agree to act in this capacity, ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Ву: 🧲	and	01/17/2012
(Sig	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
Sylvia Queppo	et, Asst. Vice President	
T)	Typed or Printed Name)	

\* \* \* FILING FEE: \$35.00 \* \* \*