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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE

C. LEWIS
OCT 7 2013
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

FEATHERLIGHT PRECAST PRODUCTS, INC. Name of Corporation

P06000136053

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karina Pulskamp

Name of Contact Person

Registered Agent Solution, Inc.

Firm/Company

1701 Directors Blvd. Ste 300

Address

Austin TX 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karina Pulskamp

8 705-7274

Code & Daytimc Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

September 24, 2013

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Featherlight Precast Products, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

KARINA PULSKAMP

REGISTERED AGENT SOLUTIONS, INC.

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida. | |
|-------------------------------------|---|------|
| 1. The name of the 2. The principal | the corporation: FEATHERLIGHT PRECAST PRODUCTS, INC. office address: 600 S. ANDREWS AVENUE POMPANO BEACH, FL 33069 | _ |
| 3. The mailing a 10320 L | address (if different): | - |
| 4. Date of incorp | poration/qualification: 10/26/2006 Document number: P06000136053 | _ |
| 5. The name and | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | |
| | BRISTOW, MARTIN | |
| | 600 S. ANDREWS AVENUE | |
| | POMPANO BEACH, FL 33069 | ļ |
| 6. The name and (if changed): | I street address of the new registered agent (if changed) and /or registered office | 1 11 |
| | Pagistared Agent Solutions Inc | j |
| | 155 Office Plaza Dr. Suite A | |
| | P.O. Box NOT acceptable Tallahassee, FL 32301 | |
| | ess of its registered office and the street address of the business office of its registered agent, be identical. | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change. | |
| Cartille J | regot an glicer or director Printed or typed name and title | |
| hereby confirm | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I thanke corporation has been notified in writing of this change. | |
| J | chalf of an entity: | |
| Ricard | 10 Orozco, Secretary yped or Printed Nume | |

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