

5/1/2017

2017-05-01 13:20:03 CST

12122023573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (512)418-6949
 Fax Number : (954)208-0845

Kimberly Laughrey
 MAY 02 2017

R. WHITE

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

Email Address: _____

REGISTERED AGENT CHANGE
LAFARGE NORTH AMERICA INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lafarge NorthAmericaInc.
2. The principal office address: 6211 NAnnArbor,Dundee,MI48131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/21/1988 Document number: P17730
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:(If resigned, enter resigned)
ThePrentice-HallCorporationSystem,Inc.
1201HaysStreet
Tallahassee,FL32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CTCorporationSystem
1200SouthPineIslandRoad
Plantation,Florida33324
P.O.Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sharlin Aldao C.
Signature of an officer or director

SharlinAldao-Carrillo,Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michelle Holden, Asst. Secy
Michelle Holden
Signature of Registered Agent

04/24/2017
Date

If signing on behalf of an entity:

CTCorporationSystem
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)