(Red	questor's Name)	
(Add	dress)	
	<u>_</u>	
(Add	iress)	
(City	//State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Centilicates o	or Status
Special Instructions to F	iling Officer:	
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Office Use Only



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Tallhassee, FL 32301 Phone: 850-558-1500					
ACCOUNT NO.	: 12000000195				
REFERENCE	: 289939				
AUTHORIZATION	:				
COST LIMIT	: \$35.00				
ORDER DATE : 06/19/2025					
ORDER TIME :					
ORDER NO. :	Carrie Single				
CUSTOMER NO:					
CHANGE OF AGENT					
NAME:					
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY PLAIN STAMPED COPY	PROOF OF FILING:				

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

CONTACT PERSON:

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation i r to change its registered office or i	organized under the law	vs of the State of LF	4
1. The name of t	he corporation: CEMEX, INC.			
2. The principal	office address: 1720 E Centrepark	Drive East West Palm	Beach, FL 33401	
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 03/21/1991	Document r	number: <u>P33247</u>	
	I street address of the current registe tment of State: (If resigned, enter re		d office on file with	the
	CORPORATE CREATIONS NET	TWORK INC.		
	801 US HIGHWAY 1			
	NORTH PALM BEACH	FL	33408	કુંગુર્ક
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and	l /or registered offic	1025 JE 19 1:411: 29
	Corporation Service Company			
	1201 Hays Street			
	1	P.O. Box/NOT acceptable		9
	Tallahassee	FL	32301	
The street addre	ess of its registered office and the s be identical.	street address of the bu	siness office of its	registered agent.
	as authorized by resolution duly ac the board, or the corporation has be			
/s/Mike F. Eg	an	Mike F. Egan		Executive VP
Signatu	re of an officer or director	Printe	ed or typed name and title	
I further agree i of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ll statutes relative to the obligation of my posi- tin the registered office	this capacity. e proper and comp ition as registered a e address, I hereby	lete performance agent. Or, if this confirm that the
By: Mare 7-Kuble		06/17/2025		
_	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	yped or Printed Name			

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