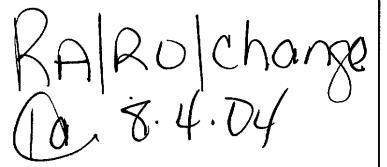


(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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08/02/04--01028--008 **35.08

LUMETANY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of C	orporations						
SUBJECT:	Sunshine (Concrete, Inc.	OF THE SEE				
(Name of corporation)							
			The state of				
DOCUMENT NUM	BER:P9600	00060026	7				
The enclosed Stateme	ent of Change of Registered O	ffice/Agent and fee are submitted for filing	ng.				
Please return all correspondence concerning this matter to the following:							
	Lenny F		Y				
	(Name of	contact person)					
Sunshine Concrete, Inc.							
	(Firm	n/Company)					
	6824 Jai	rvis Road					
(Address)							
	Sarasota, FL 34241						
(City/state and zip code)							
For further informatio	n concerning this matter, plea	se call:					
		400 0740					
Boone Lav	of contact person)	at (941) 488-6716 (Area code & daytime telephor	a number)				
(14dille	or contact person;	(Area code & daytime terephor	ie number)				
Enclosed is a \$35.00 c	check made payable to the Dep	partment of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					

TO:

Amendment Section

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

statement of char	nge is submitted for	r a corporation organiz	, 607.1508, or 617.1508, Florid red under the laws of the State o	f Florida		
in order	to change its regi	stered office or register	red agent, or both, in the State of	f Florida.		
1. The name of the corporation:		Sunshine Co	Sunshine Concrete, N.C.			
	office address:	0004 1	Road			
		Sarasota, Fl	_ 34241			
3. The mailing ad	ldress (if different)	:				
4. Date of incorp	oration/qualification	on: _7/16/96	Document number: P9600	00060026		
5. The name and Florida Depart		ne current registered ag	ent and registered office on file	with the		
		CHARLES D. HINES	S, ESQ.	_ = = = = = = = = = = = = = = = = = = =		
·	1001 AVENIDA DEL CIRCO					
		VENICE, FLORIDA	34285	SEE PALE		
6. The name and (if changed):	street address of th	ne new registered agent	(if changed) and /or registered (with the FILED FILED OF AUG-2 PM 4: 30 office		
		Lenny Hatch				
		6824 Jarivs Road				
(P.O. Box NOT acceptable)						
		Sarasota, FL 3424	11			
The street address as changed will	ss of its registered be identical.	office and the street a	address of the business office o	f its registered agent,		
Such change wa authorized by th	s authorized by re e board, or the co	solution duly adopted	by its board of directors or by ified in writing of the change.	an officer so		
Ten.	1. 9hl		Lenny Hatch			
(Signatur	re I an officer or directo	or)	(Printed or typed name a	ind title)		
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as comply with the discountier with the discount of the complete with the discount of the complete with	es registered agent and provisions of all statu th and accept the obli- reflect a change in the reflect of this change.	I agree to act in this capacity, tes relative to the proper and c gation of my position as registe registered office address, I he	complete performance ered agent. Or, if this reby confirm that the		
Tem	1/1/1		Lenny Hatch			
8ig	nature of Registered Age	ent)	(Date)			
If signing on bel	half of an entity:					
(T	yped or Printed Name)					

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