

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 : (561)650-0728 Fax Number : (561)671-2527

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REGISTERED AGENT CHANGE BMH CONCRETE, INC.

Electronic Filing Menu

Corporate Filing Menu

C. GOLDEN Help AUG 2 0 2018

H18000240815 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corp	poration organi:	607.1508, or 617.1508, Florid and under the laws of the State and agent, or both, in the State	of_Florida
1. The name of th	ne corporation: BMH (Concrete, Inc.		
2. The principal of			d, Lake Park, FL 33403	
3. The mailing ac				
4. Date of incorp	oration/qualification:0	9/08/1999	Document number:P99	0000081276
5. The name and Florida Depart	street address of the curre tment of State: (If resigne	ent registered ag d, enter resigned	ent and registered office on file)	e with the
	GY Co	orporate Servic	es, Inc.	– " z
	6811	681 <u>1 Belvedere</u> Rd.		JIBAI ECR
	West	l Palm Beach, l	FL 33413	2018 AUG 17 SECRETAR TALLAHA
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or registered	RY OF STAGSEE, F
		GY Corporate S	Services, Inc.	TATE
777 S Flagler Dr. Ste 500F. P.O. Box NOT acceptable				<u> </u>
	West Palm Beach, FL 33401			
The street addre	ss of its registered office be identical.	and the street a	ddress of the business office o	of its registered agent,
Such change wa authorized by th	s authorized by resolution board, or the corporation	n duly adopted on has been not	by its board of directors or by fied in writing of the change.	an officer so
/s/ Troy W. Maschmeyer, Jr. Signature of an officer of director			Troy W. Maschmeyer, Jr.	
I hereby accept I further agree to performance of	the appointment as regis to comply with the provis	ions of all statu liar with and ac l merely to refle	agree to act in this capacity, tes relative to the proper and cept the obligation of my posi ct a change in the registered o	complete
/s/ William Hyland 8/17/2018 Signature of Registered Agent Date				
·	half of an entity:			
Willia	m Hyland oped or Printed Name			

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