

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM709081

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Oldcastle Precast, Inc.		01/01/2019	Corporation: WASHINGTON
RECEIVING PARTY DATA			
Name:	Oldcastle Infrastructure, Inc.		
Street Address:	7000 CENTRAL PKWY		
Internal Address:	SUITE 800		
City:	ATLANTA		
State/Country:	GEORGIA		
Postal Code:	30328		
Entity Type:	Corporation: WASHINGTON		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4903862	CHANGING THE WAY PEOPLE BUILD	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	7209376599		
Email:	steve@fourreasonslegal.com		
Correspondent Name:	Steve Zemanick		
Address Line 1:	8074 E 34th Ave		
Address Line 4:	Denver, COLORADO 80238		
NAME OF SUBMITTER:	Steve Zemanick		
SIGNATURE:	/saz/		
DATE SIGNED:	02/17/2022		
Total Attachments: 4			
source=2019-01-01 Name Change Precast to Infrastructure#page1.tif			
source=2019-01-01 Name Change Precast to Infrastructure#page2.tif			
source=2019-01-01 Name Change Precast to Infrastructure#page3.tif			
source=2019-01-01 Name Change Precast to Infrastructure#page4.tif			

OP \$40.00 4903862



Office of the Secretary of State
 Corporations & Charities Division
 (360) 725 - 0377 | www.sos.wa.gov/corps
 801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

FILED
 Secretary of State
 State of Washington
 Date Filed: 12/13/2018
 Effective Date: 01/01/2019
 UBI No: 171 004 504

- Amendment Fee \$30
- Amendment Fee with Expedited Service \$80

ARTICLES OF AMENDMENT
PROFIT CORPORATION
RCW 23B.10

Please provide UBI # 171004504

NAME OF PROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)
Oldcastle Precast, Inc.

BUSINESS TYPE: Are you changing your business type? Yes / No (if no, continue to next section)

If yes, select the change being made:

- WA PROFESSIONAL SERVICE CORPORATION WA PUBLIC UTILITY CORPORATION
- WA SOCIAL PURPOSE CORPORTION

ENTITY NAME CHANGE: Are you changing your business name? Yes No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved? Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: ---

Name: Oldcastle Infrastructure, Inc.

CORPORATE SHARES: Are you changing your business's authorized shares? Yes No If no, continue to next section

New number of authorized shares: --- Class of shares: Common Stock Preferred Stock

Did your share information change? (check one) Yes No If No, continue to next section

If Yes, implementation plan for change: (attach additional pages if needed)

Has your registered agent changed? YES NO If Yes, please be sure to complete page 2

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual _____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Entity _____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Office or Position _____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
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Phone: _____

Email: _____

<p>Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB)</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>	<p>Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>
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CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

 Signature of Registered Agent Printed Name/Title Date

DURATION: *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration This Company shall have a duration of _____ years.

This Company shall expire on _____

ADOPTION OF ARTICLES OF AMENDMENT: This Amendment was duly adopted by the following method

By a sufficient vote of shareholders

By the board of directors

By the incorporators prior to the issuance of shares

EFFECTIVE DATE:

Date of filing Specify a Date 01/01/2019 cannot be more than 90 days following received date

DATE OF ADOPTION: When was this Amendment adopted?

Date of filing Specify a date: _____

RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: Amy Forrest c/o CRH Americas Law Group

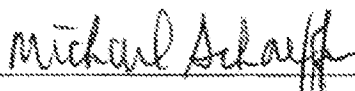
Email: amy.forrest@na.crh.com

Address: 900 Ashwood Pkwy, Suite 600

City Atlanta **State** GA **Zip** 30338

AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.



Michael Schaeffer, CFO/CAO/Secretary

12/10/18

Signature of Authorized Person

Printed Name/Title

Date



SOS

Office of the Secretary of State
Corporations & Charities Division

Transaction Request Form

This Box Is For Office Use Only

FRONT COUNTER (\$50)
(IMMEDIATE SERVICE)

ROUTINE (NO EXTRA \$)
(10-12 BUSINESS DAYS)

XXX EXPEDITED SERVICE (\$50)
(2-3 BUSINESS DAYS)

TRANSACTION REQUESTED BY:

538259-005

ACCUFACTS RESEARCH CORP
300 DESCHUTES WAY SW SUITE 304
TUMWATER WA 98501
(360)956-3990
CYNTHIA@ACCUFACTSRESEARCH.COM

NAME OF ENTITY & UBI NUMBER:

OLDCASTLE PRECAST, INC. 171 004 504

CODE:

B

1. _____
2. _____
3. _____

TRANSACTION REQUEST CODES

FILING REQUESTS

- A. APPLICATION/FORMATION
- B. AMENDMENT
- C. MERGER OR CONVERSION
- D. INITIAL/ ANNUAL/ AMENDED REPORT
- E. APOSTILLES
- F. OTHER:

RECORDS REQUESTS

- H. SHORT FORM CERT. OF EXISTENCE EMAIL ONLY
- I. PHOTO COPIES
 - CHARTER DOCUMENTS
 - OTHER: _____
- J. CERTIFIED COPIES
 - CHARTER DOCUMENTS
 - OTHER: _____

G. LONG FORM CERT. OF EXISTENCE EMAIL ONLY

Office Use Only

Filing Fees: _____

Records Request Fees: _____

Apo Fees: _____

Certificate Fees: _____

Expedite Fee: _____

TOTAL DUE: _____

Work Order #: 2018121200591321 - 1