

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: PATI296195

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Oldcastle Precast, Inc.	12/10/2018
RECEIVING PARTY DATA	
Company Name:	Oldcastle Infrastructure, Inc.
Street Address:	7000 Central Parkway
Internal Address:	Suite 800
City:	Atlanta
State/Country:	GEORGIA
Postal Code:	30328
PROPERTY NUMBERS Total: 35	
Property Type	Number
Patent Number:	7182874
Patent Number:	7374364
Patent Number:	7501573
Patent Number:	7736569
Patent Number:	7985335
Patent Number:	8113740
Patent Number:	8535533
Patent Number:	8821062
Patent Number:	8911626
Patent Number:	8985897
Patent Number:	9284710
Patent Number:	9284744
Patent Number:	9345199
Patent Number:	9346593
Patent Number:	9435099
Patent Number:	9458594
Patent Number:	9469981
Patent Number:	9506233
Patent Number:	9512606

Property Type	Number
Patent Number:	9540799
Patent Number:	9546044
Patent Number:	9587392
Patent Number:	9708790
Patent Number:	10132052
Patent Number:	10136530
Patent Number:	10197088
Patent Number:	10240316
Patent Number:	11578480
Patent Number:	D654693
Patent Number:	D682553
Patent Number:	D736834
Patent Number:	D736835
Patent Number:	D737333
Patent Number:	D815668
Patent Number:	D841279

CORRESPONDENCE DATA

Fax Number:

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.

Phone: 4707027908

Email: laken.adkins@crh.com, patents@crh.com

Correspondent Name: MS. Laken E. Adkins

Address Line 1: 900 Ashwood Parkway

Address Line 2: Suite 600

Address Line 4: Atlanta, GEORGIA 30338

NAME OF SUBMITTER:	MS. Laken Adkins
SIGNATURE:	MS. Laken Adkins
DATE SIGNED:	06/13/2024
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 3

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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

FILED

Secretary of State

State of Washington

Date Filed: 12/13/2018

Effective Date: 01/01/2019

UBI No: 171 004 504

This Box For Office Use Only

- ☐ 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 CORPORATION

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)

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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.

☐ **Individual**

--

First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

☐ **Entity**

--

Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

☐ **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.)

Phone: --

Email: --

Registered Agent Street Address (required)
(Must be a physical address No PO Box or PMB)

Country: United States State: Washington

Address : --

Zip: -- City: --

Registered Agent Mailing Address (optional)

☐ Check if mailing address is the same as street address

Country: United States State: Washington

Address : --

Zip: -- City: --

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

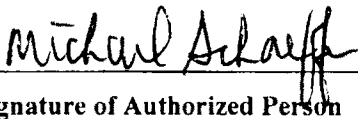
Email: amy.forrest@na.crh.com

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.



Signature of Authorized Person

Michael Schaeffer, CFO/CAO/Secretary

Printed Name/Title

12/10/18
Date