## F16000004039

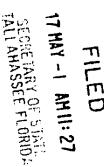
(Re	equestor's Name)		
(Ad	ldress)		
- (Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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JNN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: April 27, 2017

Order#: 613945-001

Re: CRANEMASTERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Virginia
in orde	r to change its registered office or reg	istered agent, or both, in the State of Florida.
	he corporation: Cranemasters, Inc.	
2. The principal	office address: 8020 Whitepine Roa	d, North Chesterfield, VA 23237
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 09/09/2016	Document number: F16000004039
	street address of the current registere tment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)
	Billy Furcron	
	3585 US Hwy 17 North	SSERV
	Bartow	FL 33830
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O. Box: NOT acceptable	
	Tallahassee	FL 32301
The street addre	ss of its registered office and the stre be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte board, or the corporation has been	ed by its board of directors or by an officer so notified in writing of the change.
Decemp	of an original director	Barry Isringhausen, President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm t	the appointment as registered agent o comply with the provisions of all st my duties, and I am familiar with an	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the registered office address. I
By: Drace	Zekuble	04/17/2017
Sign	ature of Registered Agent	Date
If signing on bel	nalf of an entity:	
	Assistant Vice President	
Ty	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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