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COVER LETTER

	Garaventa LISA Inc
SUBJECT	Garaventa USA Inc Name of Corporation
DOCUM	ENT NUMBER:
The enclos	sed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please reti	ern all correspondence concerning this matter to the following:
	Sherry Boxall
	Name of Contact Person
	Garaventa USA Inc
	Firm/Company
	PO Box 1769
	Address
	Blaine WA 98231-1769
	City/State and Zip Code
	sboxall@garaventa.ca
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Sher	ry Boxall at (604) 594-0422

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Illinois registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Garaventa USA Inc
2. The principal	office address: 549 Sawgrass Corporate Parkway, Sunrise FL 33325
3. The mailing a	ddress (if different): P.O. Box 1769, Blaine, WA 98231-1769
4. Date of incorp	poration/qualification: 7/18/2061 Document number: 5613-234-1
5. The name and	I street address of the current registered agent and registered office on file with the then the threat of State: (If resigned, enter resigned)
	William Scott
	549 Sawgrass Corporate Parkway
	Sunrise, FL 33325
6. The name and (if changed):	William Scott 549 Sawgrass Corporate Parkway Sunrise, FL 33325 street address of the new registered agent (if changed) and /or registered office
	Brian Freudenthal
	549 Sawgrass Corporate Parkway
	P.O. Box NOT acceptable Sunrise, FL 33325
_	ess of its registered office and the street address of the business office of its registered agent, be identical.
//	as authorized by resolution duly adopted by its board of directors or by an officer so see board, or the corporation has been notified in writing of the change.
Mou	Mark Townsend President Printed or typed name and title
I hereby accept I further agree performance of agent. Or if the hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on be	half of an entity:
	nthal - Garaventa USA Inc
T	yped 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 * * *