

## **Electronic Filing Cover Sheet**

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(((H060002863133)))



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

: (850)224-1640 Fax Number

## REGISTERED AGENT CHANGE

JPW RIGGERS & ERECTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

\* File Second... Name Change Amendment to be Filed first. \*

12/1/2006 3:09:26 PM

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## H06000286313 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	617.0502, 607.1508, or 617.1508, Florida $S$ on organized under the laws of the State of $oldsymbol{\bot}$		his	
•	• •	or registered agent, or both, in the State of F			_
1. The name of the corporation:		JPW Riggers, Inc.			
2. The principal	office address: 6376 Thompso	on Road, Syracuse, NY 13206			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 11/10/200	05 Document number: F0500	0006	534	
5. The name and		istered agent and registered office on file wit			
	National Corporate Re	esearch, Ltd.		90	
,	515 East Park Avenue	e	AHA	DEC -	П
	Tallahassee, FL 3230	)1	ARY	_	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and for registered off	1013°13 11S 40	AM 10: 48	
	NRAI Services, Inc.		- RE-	81	
	2731 Executive Park		_		;
	Weston, FL 33331	acceptable)	<b></b> -		,
The street addras changed wil	ess of its registered office and th	ne street address of the business office of it	s registe	red ago	ent.
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer s	<b>;</b> 0	
1 (Signal	ure of an other of directors	2 July 1 With a real of the last of the la	litte)	26 H	_
		agent and agree to act in this capacity I all statutes relative to the proper and con I the obligation of my position as registere age in the registered office address, I herel change.	iplete pe d agent, by confir	rforma Or, if m that	ince this the
Inhrina.	Sulf	11/30/04			
, is	and ture of Perintered Agent)	(Date)			_
	chalf of an entity:			•	
	lapaugh, Asst. Secretary Typed or Printed Name)	<u>_</u> ·			
	* * * 671	ING FFF: \$35.00 * * *			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS. P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (\$705)