(Req	uestor's Name)					
(Add	ress)					
(Add	ress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to F	iling Officer:					





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12/24/07--01012--011 **35.00

COVER LETTER

10:	Amendment Section Division of Corporations
SUBJI	ECT: Mangery Crane Service, Inc. (Name of Corporation)
DOCU	UMENT NUMBER: F06000001080
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Eric E. Bononi (Name of Contact Person)
	Bononi & Bononi, P.C. (Firm/Company)
	20 N.Pennsylvania Avenue (Address)
	Greensburg, PA 15601 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Eric E	. Bononi at (724) 832-2499 (Name of Contact Person) (Area Code & Daytime Telephone Number
Enclos	sed 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 change is submitted	d for a corporation organ	2, 607.1508, or 617.1508, Florida S ized under the laws of the State of _ cred agent, or both, in the State of F	Pennsyl		_
1. The name of the corporation:	Mangery Crane Service,	Inc.			_
2. The principal office address:_	430 G Road, Labelle, FL	33935			
3. The mailing address (if differ	ent): Route 22, P.O. Box	265A, Greensburg, PA 15601			
4. Date of incorporation/qualific	ation: 02/20/2006	Document number: F060000	01080		
5. The name and street address of Florida Department of State:	of the current registered a	gent and registered office on file wi	th the		
Frank R. Ma	ngery		₹.,	2[
730 Industri	al Court		SECRE	2007 DEC 24	
Labelle, FL	33935		TAR	24	(
6. The name and street address (if changed):	of the new registered ager	at (if changed) and /or registered off	EE, ELORIDA	AH 11: 39	
430 G Road			_		
	(P.O. Box NOT acceptable)		_		
Labelle, FL	33935		_		
The street address of its registe as changed will be identical.	red office and the street	address of the business office of it	ts registe	ered age	ent,
Such change was authorized by authorized by the board, or the	resolution duly adopted corporation has been no	d by its board of directors or by an tified in writing of the change.	officer	so	
		Frank R. Mangery			
(Signature of an otticer or di I hereby accept the appointmen I further agree to comply with of my duties, and I am familiar document is being filed merely corporation has been notified i	et as vanistavad agant an	d agree to act in this capacity. utes relative to the proper and con igation of my position as registere e registered office address, I here	•	erforma Or, if rm that	nce this the
1 a 6 m x		Frank R. Mangery			
Signature of Registered	Agent)	(Date)			_
If signing on behalf of an entity	y:				
Jak M					
/ Vryped or Printed Nan	* * * FILING FE	CE: \$35.00 * * *			

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314