## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please

Email Address:

REGISTERED AGENT CHANGE

J C STEVENS CRANE & BOOM TRUCK RISK PURCHASING GROUP

Certificate of Status	0
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Help

## COVER LETTER

Divis	tion of Corporations			
SUBJECT:	C STEVENS CRANE & BOOM TRUCK RISH			
	Name of Cor	poration		
DOCUMEN	T NUMBER:	<u>.                                    </u>		
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return	all correspondence concerning this matter t	o the following:		
	Janet Marman			
Name of Contact Person				
Norman-Spencer Agency, Inc				
Firm/Company				
	8075 Washington Village Dr			
Äddress				
	Dayton OH 45458			
	City/State and	Zip Code		
	lanetmarman@norman-spencer.com			
	E-mail address: (to be used for fut	ure annual report notification)		
For further in	iformation concerning this matter, please ça			
, <del></del>	Name of Contact Person	at () Area Code & Daytime Telephone Number		
Enclosed is a	:\$35.00 check made payable to the Departm	nent 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		

CR2EQ45 (03/12)

and the property and the

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Plainge is submitted for a corporation organized under the laws of the Sta Ter to change its registered office or registered agent, or both, in the Sta	ite of Delaware
	the corporation: I C STEVENS CRANE & BOOM TRUCK RISK PURCI	
2. The principal	AND THE SECOND AND AND AND AND AND AND AND AND AND A	38
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 04/13/2011 Document number: FI	1000001615
5. The name and	nd street address of the current registered agent and registered office on artment of State: (If resigned, enter resigned)	file with the
	UNITED CORPORATE SERVICES, INC.	
	9200 SOUTH DADELAND BLVD, SUITE 508	
	MIAMI, FL 33156	13 AU
6. The name and (if changed):.	nd street address of the new registered agent (if changed) and /or registe	SEE OF
•	C'T Corporation System	- ST ST ST
	c/o C T Corporation System, 1200 South Rine Island Road	PATE ORIT
	P.O. Box NOT acceptable Plantation, Florida 33324	A
_	ress of its registered office and the street address of the business office libe identical.	
authorized by the	vas authorized by resolution duly adopted by its board of directors or the board, of the corporation has been notified in writing of the chang	oy an officer so: je;
	ture of an officer or director Printed or typed name	Malone
	of the appointment as registered agent and agree to act in this capacility to comply with the professions of all statutes relative to the professions of all statutes relative to the profession of my by the obligation of my by his document is being filed merely to reflect a change in the registerent that the corporation has been notified in writing of this change.	- 144'1 'n n m
By: C.E.Cor	7 31 2013	
/ ä	patrific of Replaced Agent.  Gil 8. Apells, Asst. Secretary  chalfof an entity:	
т,	Typed or Printed Name	

\* \* \* 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 (03/12)