F11000001615

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 365118 8017819

- Signer C

AUTHORIZATION

COST LIMIT : \$/35,.00

ORDER DATE : August 27, 2018

ORDER TIME : 9:01 AM

ORDER NO. : 365118-005

CUSTOMER NO: 8017819

CHANGE OF AGENT

NAME: NORMAN-SPENCER CRANE & BOOM

TRUCK RISK PURCHASING GROUP,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a cor	poration organized	97.1508, or 617.1508, Floria under the laws of the State a agent, or both, in the State a	f Delaware	
1. The name of	the corporation: Norman-S l office address: 8075 WAS	Spencer Crane & Bo	oom Truck Risk Purchasing GE DR.	Group, Inc.	
DAYTON, C					
3. The mailing	address (if different):				
4. Date of incor	Date of incorporation/qualification: April 13, 2011 Document number: F11000001615				
	d street address of the current of State: (If resigne	•	and registered office on file	with the	
	CT CORPORATION SY	STEM		_	
	1200 SOUTH PINE ISLA	ND ROAD		28	
	PLANTATION		FL 33324	2016 AUS	
6. The name an (if changed):		registered agent (if	changed) and /or registered	P O 70 22 2	
	Corporation Service Con	npany			
	1201 Hays Street				
	Tallahassee	P.O. Box NOT accep	stable FL 32301		
		· · · · · · · · · · · · · · · · · · ·		_	
The street addr as changed wil	ess of its registered office I be identical.	and the street addr	ess of the business office of	`its registered agent,	
Such change wauthorized by t	as authorized by resolution he board, or the corporation	n duly adopted by i on has been notified	ts board of directors or by a d in writing of the change.	in officer so	
	· Automoan	Jul	ie Hutchinson	Vice President	
I hereby accept I further agree performance op agent. Or, if the hereby confirm Corporation By: Sign	f my duties, and I am famil	ions of all statutes i liar with and accep merely to reflect a been notified in wr	relative to the proper and co to the obligation of my positi change in the registered of	omplete ion as registered	
Emily	Croft				
Asst. Vice	Prosidented 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 * * *