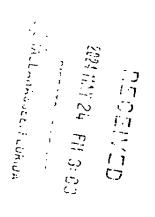
## F17000001159

| (R                          | equestor's Name)       |        |
|-----------------------------|------------------------|--------|
|                             |                        |        |
| (A                          | ddress)                |        |
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|                             | dd                     |        |
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|                             |                        |        |
| (C                          | ity/State/Zip/Phone #) |        |
|                             |                        |        |
| PICK-UP                     | ☐ WAIT                 | MAIL   |
|                             |                        |        |
|                             |                        |        |
| (В                          | usiness Entity Name)   |        |
|                             |                        |        |
| (Đ                          | ocument Number)        |        |
|                             |                        |        |
| Certified Copies            | Certificates of        | Status |
|                             |                        |        |
|                             |                        |        |
| Special Instructions to Fil | ling Officer:          |        |
|                             |                        |        |
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|                             |                        |        |

Office Use Only



100429989881





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195  |  |  |  |  |
|--|--|--|--|--|
| REFERENCE : 442240, 7654069  |  |  |  |  |
| AUTHORIZATION :  |  |  |  |  |
| COST LIMIT : \$ 35.0   |  |  |  |  |
|  |  |  |  |  |
| ORDER DATE : April 30, 2024  |  |  |  |  |
| ORDER TIME : 9:41 AM   |  |  |  |  |
| ORDER NO. : 442240-003   |  |  |  |  |
| CUSTOMER NO: 7654069   |  |  |  |  |
|  |  |  |  |  |
| CHANGE OF AGENT  |  |  |  |  |
| NAME: AUTO CRANE COMPANY   |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY _XX PLAIN STAMPED COPY |  |  |  |  |
| CONTACT PERSON: Shauna Godbolt  EXAMINER'S INITIALS:                                   |  |  |  |  |

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

| statement of ch  | nange is submitted for a corporation org   | 502, 607.1508, or 617.1508, Florida Statu<br>anized under the laws of the State of Oklistered agent, or both, in the State of Floric  | ahoma  |
|--|--|---|--|
| 1. The name of   | the corporation: AUTO CRANE COMP   | PANY  |  |
| 2. The principa  | Il office address: 4707 North Mingo Roa  | ad, Tulsa, OK 74114   |  |
| 3. The mailing   | address (if different):  |   |  |
| 4. Date of inco  | rporation/qualification: 10/18/2017  | Document number: F170000046   | 89<br>——   |
|  | nd street address of the current registered artment of State: (If resigned, enter resig  | l agent and registered office on file with the  | е  |
|  | Cogency Global Inc.  |   |  |
|  | 115 North Calhoun Street, Suite 4  | 60  | <u>ن</u><br>193                                  |
|  | Tallahassee  | FL 32301  | =  |
| 6. The name and (if changed):  |  | ent (if changed) and /or registered office  | OZHKAY 24  |
|  | Corporation Service Company  |   | 123<br>  |
|  | 1201 Hays Street   |   | : TT   |
|  |  | ox NOT acceptable   | · '\ <del></del>                                 |
|  | Tallahassee  | FL 32301  |  |
| The street addreas changed will  | ess of its registered office and the stree<br>l be identical.  | et address of the business office of its regi   | istered agent,                                   |
| Such change was<br>authorized by the   | as authorized by resolution duly adopte<br>he board, or the corporation has been n   | ed by its board of directors or by an offic-<br>otified in writing of the change.   | er so  |
| X  | e E Gonei  | Jill Cilmi, Vice President  |  |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered agent as to comply with the provisions of all stand I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change in Service Company | Printed or typed name and litle and agree to act in this capacity. Itutes relative to the proper and complete ligation of my position as registered age the registered office address, I hereby core. | performance<br>nt. Or, if this<br>nfirm that the |
| 3v: (  | Meil   | 05/21/2024  |  |
| 215  | nature of Registered Agent   | Date  |  |
| If signing on be   | half of an entity:   |   |  |
| Ami M. Casper  | r, Asst. Vice President  |   |  |
| Т;   | yped or Printed Name   |   |  |
|  | + + + 1711 INC. E1   | EE. 635 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 (04/13) 442240-3