Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE CHALLENGER LIFTS, INC.

Certificate of Status 0 Certified Copy 0 Page Count 03 \$35,00 Estimated Charge

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHALLENGER LIFTS, INC.

Name of Corporation

POCUMENT NUMBER: F9400000466

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marsha Eberhardt

Name of Contact Person

Snap-on Incorporated

Firm/Company

2801 80th Street

Address

Kenosha, WI 53143

City/State and Zip Code

maggiemcauliffe@snapon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marsha Eberhardt

,262 \,656-795'

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed 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

CR2E045 (03/12)

	Statem	ENT OF CHANGE OF	EREGISTERED (OTH FOR CORPO	DEFICE OR REGISTERED AGENT OR DRATIONS
	ment of cha	ange is submitted for a c	orporation organize	507.1508, or 617.1508, Florida Statutes, this id under the laws of the State of Kentucky
				d agent, or both, in the State of Florida.
1. Ti	ne name of	the corporation: Challe	onger Lifts, Inc	
2, T	ne principal	l office address: 200 (Sabel Street, L	ouisville, KY 40206
3. 11	ne mailing	address (if different):		
4. D	ate of inco	rporation/qualification;	1/31/1994	Document number: F94000000466
		nd street address of the co artment of State: (If resig		nt and registered office on file with the
		Joseph A. Lentz	, Jr.	
		12414 30th Stre	et Circle East	
	•	Parrish, FL 342	19	
	he name an f changed):	:	ew registered agent	(if changed) and /or registered office
		CT Corporation		(if changed) and /or registered office
		:	e Island Road	
		CT Corporation	e Island Road P.O. Box NOT ac	
(i	f changed):	CT Corporation 1200 South Pine Plantation, FL 3	e Island Road P.O. Box NOT ac 33324	ection
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The as c Suc auth	street addinanged with changed with change worized by secreptive acceptance on the confirmation of the con	CT Corporation 1200 South Pine Plantation, FL 3 ress of its registered offi Il be identical. vas authorized by resoluthe board, or the corporation at the appointment as repeated to comply with the pro- in my dulies, and i am fa- his document is being fine that the corporation had	P.O. Box NOT ac B3324 ice and the street ad tion duly adopted b ntion has been notif	dress of the business office of its registered by its board of directors or by an officer so led in writing of the change. Inwin Shur, Secretary France or typed name and talk agree to act in this capacity, as relative to the proper and camplete the obligation of my position as register in a change in the registered office address, I writing of this change.
The as c Suc authorized for the succession of th	street add hanged with changed with change whorized by confirmance on it. Or, if the confirmance of the conf	CT Corporation 1200 South Pine Plantation, FL 3 ress of its registered offiliate identical. vas authorized by resolution board, or the corporation of the appointment as resist to comply with the profiling of my dulies, and I am fails document is being filing in that the corporation in	e Island Road P.O. Box NOT ac 33324 ice and the street ad ation duly adopted b ation has been notific gistered agent and ac visions of all statut miliar with and acc led merely to reflect as been notified in y	dress of the business office of its registered by its board of directors or by an officer so ted in writing of the change. Inwin Shur, Secretary France or typed name and tale agree to act in this capacity, as relative to the proper and camplete tell the obligation of my position as register to change in the registered office address, I writing of this change. 12/12/2013 Data

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (02/12)