

REFERENCE : 691452 4305390

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 9, 2000

ORDER TIME : 2:21 PM

ORDER NO. : 691452

500003247235-

CUSTOMER NO: 4305390

CUSTOMER: Ms. Kim Calkin

Cole Schotz Meisel Forman &

25 Main Street

Hackensack, NJ 07602

## CHANGE OF AGENT

1 -2408

NAME: FLORIDA CRANE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

·			
1. The name of the limited lia	bility company is: Florida	a Crane, LLC	
2. The mailing address of the	limited liability company is	: 2200 N.W. 16th St	treet
Pompano Beach, Florid	a 33069		
			<u>'</u>
March 2, 2000	<u> </u>	L00000002408	
3. Date of filing/registration i	n Florida	4. Document numb	er .
5. The name of the registered Florida Department of State		ce address as shown on	the records of the
	Barry Zeit]	lin	
	Name	·	_
9238 D Vineland Court			
Address			
Boca Raton, Florida 33496  City, State and Zip			. ,
	City, State and	ızıp	±.0 8
6. The name and address of th	e new registered agent and/o	or office:	声 書 加
	Dawn 7-1+1	·	
	Barry Zeitl Name	.111	NIO PH
6. The name and address of the new registered agent and/or office:    Barry Zeitlin   Name   2200 N.W. 16th Street     Florida street address (P.O. Box NOT acceptable)			mg 3 O
Florida street address (P.O. Box NOT acceptable)			
	·	•	<u>5</u>
I	Pompano Beach FL	33069 .	
	City, State and 2	Zip	
If the limited liability company confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited has the operating agreement of the	e or changes are made, the Fregistered agent will be iden confirmed that the change(s bility company or as otherwe limited liability company.	Florida street address of tical. Or, in the case of was/were authorized by	the registered office a Florida limited by an affirmative vote of
(Signature of a member or authorized re	presentative of a member)		
Barry Zeitlin			
(Printed or typed name of signee)			
I hereby accept the appointme comply with the provisions of and an familial with and accepted by the confirmation of the confi	ent as registered agent and a all statutes relative to the pro- cept the obligations of my po- vocument is being filed to ma the limited liability compan	agree to act in this capa oper and complete perf osition as registered ago erely reflect a change in sy has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.

**FILING FEE: \$25.00** 

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314