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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

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

| Email | Address: | |
|-------|----------|--|
| | | |

LLC REGISTERED AGENT CHANGE SOUTHEASTERN CRANE RENTAL LLC

| Certificate of Status | 0 |
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COVER LETTER

| | - · | | |
|---|---|--|--|
| TO: Registration Section Division of Corporations | | | |
| DODOLC: | Crane Rental, LLC | | |
| Name | of Limited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. | | |
| | | | |
| Please return all correspondence concerning this | matter to the following: | | |
| - | | | |
| Zachary Ysais | | | |
| Name of Person | | | |
| Registered Agent Solutions, Inc. | | | |
| Firm/Company | | | |
| 1701 Directors Blvd, Suite 300 | | | |
| Address | | | |
| Address | | | |
| Austin, TX 78744 | | | |
| City/State and Zip Code | | | |
| | | | |
| E-mail address: (to be used for future annu- | ual report notification) | | |
| For further information concerning this matter, | please call: | | |
| Zachary Ysais | at () 705-7274 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | 101111111111111111111111111111111111111 | | |
| Enclosed is a check for the following | amount: | | |
| □ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | |

· 15129570210

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

| Porida. | etarr | Crane Rent | al II C |
|--|--|--|---|
| Name of the limited liability company: | 191011 | COLUMN COLON | E AVE CUITE 1400 |
| _{2. (a)} 390 N ORANGE AVE SUITE 140 | <u>)0</u> (_b | 390 N OHANG | E AVE SUITE 1400 |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | of limited liability company: BE POST OFFICE BOX |
| ORLANDO, FL 32801 | | ORLANDO, | |
| ONLANDO, I L 32001 | | OT (E) ((100) | |
| 1/22/2007 | | L070000077 | '61 |
| 3. Date of filing/registration in Florida | | Document r | number |
| NORMAN, TODD K | | | |
| Registered Agent and Registered Office shown on the records of | f the Florid: | Dept. of State: | |
| 390 N ORANGE AVE | | | |
| Registered Office Address (MUST BE FLORIDA STREE) | ADDRES | 2 | دم ر |
| SUITE 1400 | | | 200 |
| ORLANDO . | _L 328 | 01 | PIL APR 26 F |
| | | | 26 ASS |
| (b) Registered Agent Solutions | | | F 2 |
| Enter name of NEW Registered Agent and/or NEW Register | ed Office ac | gress: | FLO F |
| 155 Office Plaza Dr. | | | PH 4: 46 |
| NEW Registered Office Address: | · · · · · · | | a |
| Suite A | | | |
| Tallahassee | FL 323 | 01 | |
| If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of the company of the compa | of the reg liability of s of the light he limited | ompany, it is hereby co nited liability company liability company. | nfirmed that the change(s) |
| s/ Todd Norman | To | odd Norman | Manager |
| Signature of a member or authorized representative of a member | | Printed or ty | yped name of signee |

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackagio Nat. Acet. Societary

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent