

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: FISHER, TOUSEY, LEAS & BALL, Account Name

Account Number: I19990000021 Phone : (904)356-2600

Fax Number : (904)355-0233

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

Emsil	Address:			

REGISTERED AGENT CHANGE CONSOLIDATED RIGGING HOLDINGS II, LLC

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FEB -4 2010

EXAMINER

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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. Name of the limited liability company: Consc	olidated Rigging Holdings II, LLC	D						
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	company: 4700 North Pearl Street Jacksonville, Floride 32206	2010						
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	Jacksonville, Florida 32206	FEB ₁₋₃						
February 10, 2009	L09000013894							
3. Date of filing/registration in Florida		<u> </u>						
5. (a) Registered Agent and Registered Office sh	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
Registered Agent:	Fisher, Tousey, Leas & Ball, P.A.	_						
Registered Office Address:	818 North A1A, Sulte 104 Ponte Vedra Beach, Florida 32082							
(b) Enter name of <u>NEW Registered Agent</u> and	d/or NEW Registered Office address:							
NEW Registered Agent:	John R. Raularson	, 0						
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRES								
	Jacksonville n,FL 32206	—						
that after the change or changes are made, the Flor office of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were auth	nder the laws of the State of Florida, it is hereby contida street address of the registered office and the but, in the case of a Florida limited liability company, it horized by an affirmative vote of the members of the articles of organization or the operating agreement of	siness t is limited						
(Printed or typed name of signes)								
I hereby accept the appointment as registered age comply with the provisions of all statutes relative tan familiar with and accept the obligations of my F.S. Or, if this document is being filled to merely reconfirm that the limited liability company has been (Signature of Registered Agent)	int and agree to act in this capacity. I further agree to the proper and complete performance of my duties position as registered agent as provided for in Chapeslect a change in the registered office address, I he in notified in Writing of this change.	to s, and I ster 608, reby						

Division of Corporations, P.O. Box 6327, Tullahassee, FL 32314 FILING FEE: \$25,00

INHS18 (05/08)