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Florida Department of
Division of Corporations
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To: Division of Corporations
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From: Account Name : JOHN M WICKER PA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
CRUSHING MACHINERY LLC

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Page Count	02
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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 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.

1. Name of the limited liability company: CRUSHING MACHINERY LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5067 GENESSE PKWY
BOKEELIA FL 33922
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5067 GENESSE PKWY
BOKEELIA FL 33922
3. 03/22/2010
Date of filing/registration in Florida
4. L10000031403
Document number
5. (a) HAZEN JULIAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3603 DAN UNIE LANE, LAKELAND FL 33812
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
LAKELAND, FL 33812
- (b) JOHN M WICKER P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
12670 NEW BRITTANY BLVD., SUITE 101
NEW Registered Office Address:
FORT MYERS
FL 33907

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Howard DeVane
Signature of a member or authorized representative of a member

HOWARD DEVANE
Printed or typed name of signer

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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