15000 - 34620

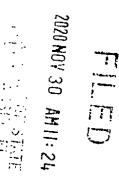
uestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certificates	s of Status				
Special Instructions to Filing Officer:					
	ess) State/Zip/Phone WAIT ness Entity Nar ument Number) Certificates				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tailahassee Cranes LLC Name of Lit	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
Ashrey J Adams Name of Person	
Name of Person	
Taliahassee Cranes LLC	
Firm/Company	
526 Stockton Street	
Address	
Jacksonville, FL 32204	
City/State and Zip Code	
aadams@flmech.com	
E-mail address: (to be used for future annual repo	
For further information concerning this matter, please of	call:
	904) 394-7364
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
· Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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. Na	me of the limited liability company:Tallahasse	ee Cranes L	LC	·	
2. (a)	526 Stockton Street	(b)			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	f limited liability con <i>E POST OFFICE B</i>	d liability company:	
	Jacksonville FL 32204				
•					
	02/24/2015		000434620		
3.	Date of filing/registration in Florida	4.	Document nur	nber	
5. (a)	Registered Agent and Registered Office shown on the records of the		f State:		
	One Independent Drive Suite 2301 Registered Office Address			2020 A	
	Jacksonville , FL	32202		08 AON 0202	
(b)	Cold, Kathleen H Lippes, Mathias, Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (•	riedman LLP	AH 11: 20	
	10151 Deerwood Park Blvd.			mi Ot	
	NEW Registered Office Address:				
	Bidg. 300 Suite 300				
	Jacksonville , FL	32256			
change agent v was/we the a rti	or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the luce of a member or authorized representative of a member.	registered offic bility company f the limited lia imited liability	e and the business; , it is hereby confir ability company or a	office of the regi- med that the chains as otherwise prov	stered nge(s)
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agreen ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I have also been sometimed of this change.	e to act in this	canacity I further	agree to comply	with the nd accept eing filed is been

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