123000068584

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L UMILS					

Office Use Only



000429513270

05/09/24--01010--018 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	SUPERIOR CRANE AND RIG	GING, LLC						
	Name of Limited Liability Company							
Dear Si	r or Madam:							
The end	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.					
Please i	return all correspondence concernin	ig this matter to the	e following:					
Randall	Ritchie							
•	Name of Person		<u> </u>					
Anderso	on Registered Agents							
	Firm/Company							
3225 M	cLeod Dr, Suite 110							
	Address							
Las Veg	gas, NV 89121							
	City/State and Zip Co	de	,					
ra@and	ersonadvisors.com							
E-	-mail address: (to be used for future	: annual report noti	fication)					
For furt	her information concerning this ma	tter, please call:						
Randail	Ritchie	702 at (7793264					
	Name of Person	(Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ving amount:						
	■ \$25 Filing Fee		555 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.

a)	Principal office address of limited liability company: Mailing address of limited liability company:						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing addr (Note: M.	ling address of limited liability company Note: MAY BE POST OFFICE BOX)		
	10929 E US HWY 92, SEFFNER, FL 33584		10929	· 	, SEFFNER, FL 33584		
	02/13/2023		L230006	068584			
	Date of filing/registration in Florida	4.		Documen	t number		
(a)							
(a)	Registered Agent and Registered Office shown on the record SATEL, LAURIE	State:	2024 HAY SECRE TALLATE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3903 NORTHDALE BLVD, STE 100E				HAY-9		
	ТАМРА	FL_33624			Y-9 PM 3: 00		
b)					ATE		
-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office	address:		·		
	Anderson Regsitered Agents, Inc.						
	NEW Registered Office Address:						
	625 E. Twiggs Street, Suite 110						
	Tampa	33602					

the articles of organization or the operating agreement of the limited liability company.

	ت				
Signature o	of a member	r or authorized	representa	tive of a	member

Randall Ritchie

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.

Signature of Registered Agent