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

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TO SEED STORY

RARD Ch8



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: June 19, 2014

Order#: 150101-027

Re: ALL CRANE RENTAL OF FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

X Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company

2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. N	ame of the limited liability company: ALL CRANE REI	VTAL O	FLORIDA	, LLC
2 (a)	4700 ACORN DRIVE	_ (b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CLEVELAND OF 44131	- -		
	11/22/2005		M0500000	06568
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of State	:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	Plantation, FL_	33324		
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	JUN 2
	1201 Hays Street			
	NEW Registered Office Address:			FEEL FREED STATES
				े <i>भू</i> न
	Tallahassee, FL_	32301		
Sign. I here provise the obtone notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of a member authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete placetions of my position as registered agent as provided the inwriting of this change. The Registered Agent Corporation Service Company	the regis bility co f the lim imited li Don ee to act performa for in C ereby co	tered office mpany, it is ted liability com a Priebe, Au in this cape in this cape in the form that i	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany. uthorized Person Printed or typed name of signee

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