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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 States Florida.

CRANE	FREIGHT	SOLUTIONS LLC

	ame of the limited liability company: OTABLE THEN 1500 RANKIN ROAD		(b) 1500 RANKIN ROAD				
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) HOUSTON, TX 77073		Mailing address of limited liability company (<u>Nate: MAY BE POST OFFICE BOX</u>) HOUSTON, TX 77073				
	03/16/2016		M160000	002315			
3.	Date of filing/registration in Florida C T CORPORATION SYSTEM			Document number			
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Deot. of State	- r:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STRESS	-					
				F.,	6 .2 '		
	PLANTATION, FL		······································				
(b)	Corporate Creations Network Inc.		0CT 21	(there			
()	Enter name of NEW Registered Agent and/or NEW Registers	でか。 見た _の					
	11380 Prosperity Farms Road #221E		A ₩	S			
	NEW Registered Office Address:			- -	<u>en</u>		
	Palm Beach Gardens	, _L 33410)	_			
the ch agent was/w	limited liability company is not organized under the l ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability c s of the lin	istered offic company, it nited liabili	e and the business of is hereby confirmed the ty company or as othe	nce of the c	he registere hange(s)	
	(Hull -	Ca	Carlos M Alvarez, Attorney-in-Fact				
	thue of a member or authorized representative of a member			Printed or typed name of signer			
I here provis the ob to me notifie	eby accept the appointment as registered agent and a sions of all stanties relative to the proper and comple digations of my position as registered agent as provid rely reflect a change in the registered office address, ed in withing of this change. Carlos M. Alvarez, Special Se	gree to au te perform ted for in 1 hereby cretary	et in this cap nance of my Chapter 60 confirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc t the limited liability c	io com liar wit ument i: ompany	piy with the h and acce s being file has been	

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

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Signature

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ed Agent