Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION

Account Number : 071670002600 Phone : (941)364-2409

Fax Number : (941)364-2490

REGISTERED AGENT CHANGE

YOUNG'S CRANE SERVICE L.B.K., INC.

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8/9/2004

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is sub	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this sta mitted for a corporation organized under the laws of the State of <u>Florida</u> registered office or registered agent, or both, in the State of Florida.	atement of in orde	
L. The name o	of the corporation: Young's Crane Service L.B.K., Inc.		_
2. The princip	al office address: 524 Gulf Bay Road, Longboat Key, FL 34228		~
3. The mailing	g address (if different): 3355 Bearss Avenue, Tampa, FL 33681		-
4. Date of inco	exporation/qualification: 10/11/2000 Document number: P0000095854		-
	and street address of the current registered agent and registered office on file with the partment of State:	Property of the second	94
	Walter Sanders	******	AUG
	3355_Bearss Avenue	HASSEE	i
	Transa Timeda 22601	111	9
	rampa, riviida 33001)F.S	7
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office :	OF STATE	գ։ 46
	Teresa L. Rajala	•	
	Kirk Pinkerton, A Professional Association 720 South Orange Avenue		
	(P.O. Box or personal mailtox NOT acceptable) Sarasota, Florida 34236		
The street add changed will l	ress of its registered office and the street address of the business office of its registered ago	ent, as	
=	was authorized by resolution duly adopted by its board of directors or by an officer so authorized has been notified in writing of the change.		
Kenl	(Signature of an officer or director) Thomas and title)	RSON	
I hereby accept I further agree auties, and I a being filed me been notified i	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performs in familiar with and accept the obligation of my position as registered agent. Or, if this description is reflect a change in the registered office address, I hereby confirm that the corporate writing of this change.	mce of my ocument is ion has	•
de	(Signature of Rekistered Agent) (Dece)		
lf signing on t	pehalf of an entity:		
	(Typed or Printed Name) (Capacity)	<u></u>	
720 So.	nkerton, P.A. ***FILING FEE: \$35.90 *** Orange Avenue		
	FI. MAKE CHICKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314	ል የነገን ም መ	п
		AUDIT 163296	IF .