

POS000069319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

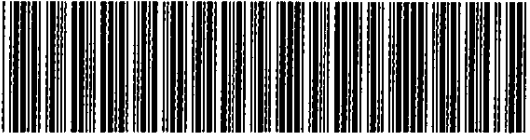
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY -7 PM 1:49
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA



ALL FLORIDA FIRM INC

813 Deltona Blvd, Ste A
Deltona, FL 32725
Phone 386-575-1180

5/2/2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: P05000069319

Please find a check and change of registered agent forms for the following corporations and/or LLC's.

WISHARD CRANE, INC

4125 STATE ROAD 16

ST AUGUSTINE FL 32085

Sincerely,

Donna Serpa

All Florida Firm, Inc.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **WISHARD CRANE, INC.**
2. The principal office address: **4125 STATE ROAD 16 ST. AUGUSTINE FL 32092**
3. The mailing address (if different): **PO BOX 2173 SAINT AUGUSTINE FL 32085**
4. Date of incorporation/qualification: **5/9/2005** Document number: **P05000069319**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

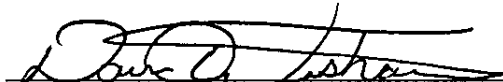
**ALL FLORIDA FIRM, INC
465 S VOLUSIA AV, SUITE C
ORANGE CITY FL 32763**

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A (Box #1227773)
DELTONA, FL 32725**

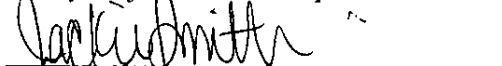
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

DAVID K. WISHARD president
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

April 25, 2008
(Date)

If signing on behalf of an entity:

Jackie Smith
(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 1227773**

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TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE