GCRS <sup></sup> 103 N. MI TALLAH	ERIDIAN ST LASSE 2, FL	REET LOVE	DI	26	13
1ALLAN 222-1173	ASSER, FL	52503			

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	CINDY HICKS	RA.					
DATE:	6-2-99	Clause					
REF. #:	O356.7009 Certified Chane	Carryin For Than					
CORP. NAME:	Certified Mare	Services cerci					
		Tra B					
( ) ARTICLES OF INCORPORAT	TION ( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION					
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	) FICTITIOUS NAME					
( ) CERT. OF AUTHORITY	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY					
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL					
() CERTIFICATE OF CANCELLATION () UCC-1 () OTHER:							
STATE FEES PREPAID WITH CHECK# $5090$ FOR \$ $35.00$							
PLEASE RETURN:							
( ) CERTIFIED COPY	( ) CERTIFICATE OF STAT	rus (PLAIN STAMPED COEY					
Examiner's Initials $62^{\circ}$	79	3000028928437 -06/02/9901063006 ******35.00 *****35.00					

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## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: \_\_\_\_ Certified Crane Services, Inc.

1b. The mailing address of the corporation is : \_\_\_\_\_\_. Box 568833, Orlando, FT.

32856-8833

1c. Date of incorporation: 2-14-94 \_\_\_\_\_Document number: \_\_P94000012613

The name and address of the current registered agent and office: 2.

CorpDirect Agents

103 N. Meridian Street, Lower Level Tallahassee, FL 32301

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Holly Samson

4692 Posada Drive

Orlando, FL 32839

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.

Signature of an officer, chairman or vice chairman of the board Date MSON

(Printed or typed name and title),

Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointmentas registered agent and agree to actin 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

Signature of Registered Agent)

If signing on/behalf of an entity:

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(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee. FI 3731