P98000071748

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		





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COVER LETTER

TO: Amendment Section Division of Corporations

The state of the s

2018 HAR 22 PK 2: 2#

North American Crane Bureau Group, Inc.		
	Name of Corporation	
DOCUMENT NUMBER:_	P98000071748	

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theadore Blanton Sr.		
Name of Contact Person		
North American Crane Bureau Group, Inc.		
Firm/Company		
930 Williston Park Point		
Address		
Lake Mary, FL 32746		
City/State and Zip Code		
dblanton@cranesafe.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Jane Kosloski
Name of Contact Person

Name of Contact Person

at (407) 869-9970
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

•	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this pration organized under the laws of the State of Florida
·	Tice or registered agent, or both, in the State of Florida.
1. The name of the corporation: North An	nerican Crane Bureau Group, Inc.
2. The principal office address: 930 Willis	ston Park Point, Lake Mary, FL 32746
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/	14/1998 Document number: P98000071748
5. The name and street address of the current Florida Department of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
Blanton, Theadore	L., Sr.
930 Williston Park F	L., Sr.
Lake Mary, FL 3274	. ••••••••••••••••••••••••••••••••••••
6. The name and street address of the new re (if changed):	egistered agent (if changed) and /or registered office
Evan Levine	
930 Williston Park F	Point
Later Many St. 2274	P.O. Box NOT acceptable
Lake Mary, FL 3274	10
The street address of its registered office as as changed will be identical.	nd the street address of the business office of its registered agent.
Such change was authorized by resolution authorized by the board or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Signature of an officer or director	Theadore Blanton Sr. Printed or typed name and title
Thereby accept the appainment as register I further agree to comply with the provision performance of my duties and I am familia	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete nr with and accept the obligation of my position as registered nerely to reflect a change in the registered office address. I
	3/1/2018
Segnature of Regustered Agent	Date
If signing on behalf of an entity:	
Evan Levine	
Typed or Printed Name	

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