## M08986

(Red	questor's Name)	·····
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer		
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpo	ration organized under the laws of the State of FL  ice or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: SEABOARE	WAREHOUSE TERMINALS, INC.	
2. The principal 3455 NW 54 S	office address: T. MIAMI, FL 33142		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/14	/1984 Document number: M08986	
	I street address of the current tment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)	
	CORPDIRECT AGENTS.	INC	
	515 East Park Ave	<u>:</u>	
	Tallahassee	FL 32301	
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	
	1201 Hays Street	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent,	
Such change wa authorized by th	ns authorized by resolution can board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
/S/ Evelyn Mac	cia	Evelyn Macia, Secretary	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as register the appointment as register to comply with the provision d I am familiar with and according filed merely to reflect a confice to notified in writing of the Service Company	Printed or typed name and title  ed agent and agree to act in this capacity.  so of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address. I hereby confirm that the this change.  01/30/2024	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby, a	Asst. Vice President		
Ty	ped or Printed Name		

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