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176574

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T Corporation System.
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301
City State Zip Phone
CORPORATION(S) NAME

000002628840-7
-08/31/98 01031-015
*****35.00 *****35.00

Reeves Southeastern Corporation

- ☐ Profit ☐ Amendment ☐ Merger
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
☐ Limited Liability Company ☐ Other
☐ Foreign ☐ Annual Report ☒ Change of R.A.
☐ Limited Partnership ☐ Reservation ☐ Fictitious Name
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8/31/98

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, 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 Florida 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: Reeves Southeastern Corporation

1b. Date of incorporation 12/21/53 Document number 1765

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

M. L. Lenhart

9800 Reeves Road, Tampa, FL 33619

3. The name and address of the new registered agent and office:

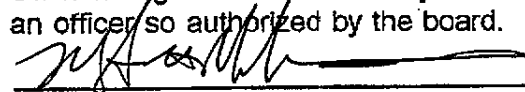
(P.O. Box Not Acceptable)

CT Corporation System

1200 Pine Island Road, Plantation, FL 33324

The street address of its registered agent 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.



M. Scott Meckley - VP/CFO

(Type or printed name and title)

August 27, 1998

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. 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.

SIGNATURE BY: 

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

(Registered Agent)

DATE 8/28/98

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

Filing Fee: \$35.00