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## - Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

Fax Number

: (850)521-1000

: (850)558-1575

## REGISTERED AGENT CHANGE

#### SEACOAST ELECTRONICS INC

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

in	order to change its registered office or register	red agent, or both, in the State of	Florida.		
1. The name	ne of the corporation: Seacoast Electronic	s, Inc.			
2. The princ	2. The principal office address: 240 Talleyrand Ave., Jacksonville, FL 32202				
3. The mail	ling address (if different):				
4. Date of in	ncorporation/qualification: 10/27/1969	Document number: 35443	33		
5. The name Florida D	e and street address of the current registered age Department of State:	mt and registered office on file wi	ith the		
	Arthur H. Thomas		THE B		
	240 Talleyrand Ave.				
	Jacksonville, FL 32202		28		
6. The name (if change	e and street address of the new registered agent ( ed):	(if changed) and /or registered off	BAPR 28 PH 3: SECRETARY OF ST		
	Corporation Service Company		黑石		
	1201 Hays Street		**		
•	(P.O. Bax NOT scoeptable)	X //-	-		
	Tallahassee, FL 32301		-		
The street ad as changed v	ddress of its registered office and the street ad- will be identical.	dress of the business office of it.	s registered agent,		
Such change authorized by	e was authorized by resolution duly adopted by by the board, or the corporation has been notifi	y its board of directors or by an ied in writing of the change.	officer so		
W. (2)-8	M 22 - A nothice or director)	lidrael L. Mawfe	11 Secy		
By:	ept the appointment as registered agent and a ree to comply with the provisions of all statutes, and I am familiar with and accept the obligate being filed merely to reflect a change in the re has been notified in writing of this change.  The first out Service (Company H. Rould Company)  (Signature of Registered Agent)	veree to act in this capacity. S relative to the proper and com tion of my position as registered egistered office address, I hereb,  (Date)	plete performance lagent. Or, if this y confirm that the		
701	hehalf of an entity:	, , ,			
	(Typer or Prince Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)