

825515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

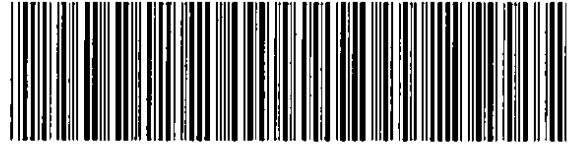
(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 13 2023

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08/15/23--01014--021 **35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEAMANCORPORATION
Name of Corporation

DOCUMENT NUMBER: 825575

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:

Abigail Sear

Name of Contact Person

Roetzzel & Andress, LPA

Firm/Company

1375 East 9th Street, 10th Floor

Address

Cleveland, Ohio 44114

City/State and Zip Code

tlink@seamancorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abigail Sear

Name of Contact Person

at (216) 615-4853

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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, this
statement of change is submitted for a corporation organized under the laws of the State of Ohio
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEAMAN CORPORATION
2. The principal office address: 1000 Venture Blvd., Wooster, Ohio 44691
- _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/09/1971 Document number: 825575
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

R&A Agents, Inc.

850 Park Shore Drive, Suite 300

Naples FL 34103

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System

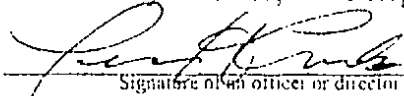
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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, or the corporation has been notified in writing of the change.

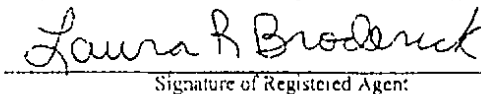


Signature of an officer or director

Terrence H. Link II, Secretary

Printed or typed name and title

*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. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*



Signature of Registered Agent

08/14/2023

Date

If signing on behalf of an entity:

Laura Broderick, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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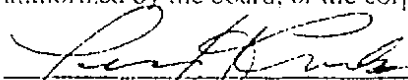
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Signature of Registered Agent

08/14/2023

Date

If signing on behalf of an entity:

Laura Broderick, Assistant Secretary

Typed or Printed Name

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED
23 AUG 15 AM 10:13
TALLAHASSEE, FLORIDA