

B98000000346

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
SEABOARD ASSOCIATES LIMITED PARTNERSHIP

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SEABOARD ASSOCIATES LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/03/1998 3. B98000000348
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

InCorp Services, Inc.

Name

17888 67th Court North

Florida street address (P.O. Box not acceptable)

Loxahatchee FL 33470

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Robert M. Collier
Signature of General Partner

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 obligations of my position as registered agent.

Kathy Shin
Signature of Registered Agent

Kathy Shin on behalf of InCorp Services, Inc.

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEABOARD ASSOCIATES LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B98000000346

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

Please return all correspondence concerning this matter to:

Kathy Shin

Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy · Suite 500S

Address

Las Vegas, NV 89169-6014

City, State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Kathy Shin for InCorp Services, Inc. at (800) 246-2677

Name of Contact Person

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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