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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE AMERICAN SEABOARD NATIONAL, INC.

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Page Count	02
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Help

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

	4	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware	
	*	egistered agent, or both, in the State of Florida.	
1. The name of	of the corporation: AMERICAN SE	ABOARD NATIONAL, INC.	
2. The princip	pal office address: 14 Ashley Place,	Wilmington, DE 19804	-
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 04/14/2000	Document number: F0000002089	
	and street address of the current registe partment of State:	ered agent and registered office on file with the	
	National Corporate Research,	Ltd., Inc.	
	515 East Park Avenue		
	Tallahassee, FL 32301		5
6. The name a		d agent (if changed) and /or registered office	10 AUG 25
	Corporation Service Company	,	3
	1201 Hays Street		2:
	(P.O. Box NOT acc	eptable)	. F.
	Tallahassee, FL 32301		10
The street add	dress of its registered office and the s	street address of the business office of its registered age	nt,
		lopted by its board of directors or by an officer so sen notified in writing of the change.	
11	u MAR	Elizabeth A. Dawson, Attorney In Fact	
	ature of an officer or director)	(Printed or typed name and title)	_
corporation i	ept the appointment as registered age be to comply with the provisions of a and I am familiar with and accept the being filed merely to reflect a change has been notified in writing of this charten ation Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and complete performa ie obligation of my position as registered agent. Or, if i in the registered office address, I hereby confirm that t iange.	nce this the
By:	C 0	08/23/2010	
	(Signature of Registered Agent)	(Date)	
If signing on	behalf of an entity:		
Sylvia Que	ppet, Asst. VP		
	(Typed or Printed Name)		
	~ ~ KILIN	IG FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)