

F00000002620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHEASTERN EMERGENCY EQUIPMENT CO.
Name of Corporation

DOCUMENT NUMBER: F00000002620

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:

Carla J. Baker, President
Name of Contact Person
Southeastern Emergency Equipment
Firm/Company
PO Box 1097
Address
Youngsville, NC 27596
City/State and Zip Code
CARLA @ seequip.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Baker at (800) 334-6656
Name of Contact Person Area Code & Daytime Telephone Number
919-556-1890

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOUTHEASTERN EMERGENCY EQUIPMENT CO.
2. The principal office address: 5760 HWY 96 W., YOUNGSVILLE, NC 27596
3. The mailing address (if different): PO BOX 1097, YOUNGVILLE, NC 27596
4. Date of incorporation/qualification: 05/10/2000 Document number: F00000002620
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)

AGENTS AND CORPORATIONS, INC

300 FIFTH AVENUE SOUTH, SUITE 101-330

Naples, FL 34102

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

InCorp Services, Inc.

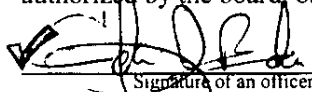
17888 67th Court North

P.O. Box NOT acceptable

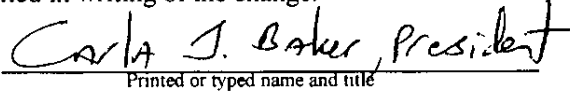
Loxahatchee, FL 33470

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



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

May 5, 2014

Date

If signing on behalf of an entity:

Heather Nee on behalf of Incorp Services, Inc.

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