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(Rec	uestor's Name)			
(Add	ress)			
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(City	//State/Zip/Phone	· #)		
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(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				





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C.M 8-6-14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith smith2@cscinfo.com

Date: July 21, 2014

Order#: 213883-005

Re: SEACOMM ERECTORS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporati	, 617.0302, 607.1308, or 617.1308, Florida ion organized under the laws of the State of or registered agent, or both, in the State of	· WA		
1. The name of t	he corporation: SEACOMM ER	ECTOS, INC.			
2. The principal	office address: 32527 State Ro	ute, #2, Sultan, WA 98294			
3. The mailing a	ddress (if different): Post Office	Box 1740, Sultan, WA 98294			
4. Date of incorp	poration/qualification: 11/18/20	Document number: F09000	0004550		
	street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file ver resigned)	with the		
	C T Corporation System				
	1200 South Pine Island Road		ALLU SECTOR		
	Plantation	FL 33324	2 W		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company	,			
	1201 Hays Street				
	P.C Tallahassee	D. Box NOT acceptable FL 32301			
		he street address of the business office of it adopted by its board of directors or by an been notified in writing of the change.			
authorized by the	condition has	Dona Priebe			
Signatuo	re of an officer or director	Printed or typed name and t			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered of comply with the provisions of my duties, and I am familiar which is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and coi tith and accept the obligation of my position by to reflect a change in the registered offi notified in writing of this change.	mplete on as registered		
By: Drai	· Cokuble	July 15, 2014			
Sign	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
Ту	ped or Printed Name				

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