

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600301233056

07/13/17--01013--012 **35.90



C. GOLDEN

JUL 1 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: SEEPEX Inc.					
Name of Corporation					
DOCUMENT NUMBER: F16000002090					
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:					
Kristen Rodgers					
Name of Contact Person					
SEEPEX Inc.					
Firm/Company					
511 Speedway Drive					
Address					
Enon, OH 45323					
City/State and Zip Code					
krodgers@seepex.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kristen Redgers at (93) 864-7150 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 Contour Studing 2661 Executive Center Circle					

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation or er to change its registered office or i	organized under the laws of th	e State of Ohio	
1. The name of	the corporation: SEEPEX Inc.			
2. The principal	office address: 511 Speedway	/ Drive, Enon, OH 453	23	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 05/05/16	Document number	F16000002090	
	d street address of the current register rtment of State: (If resigned, enter re		e on file with the	
	Felix Fuentes		2017	
	519 E. Sheridan Street, A	∖pt. 408	FIL. 13	
	Dania, FL 33004		FILED	
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or re	gistered office 22	
	InCorp Services, Inc.			
	17888 67th Court North			
P.O Box NOT acceptable Loxahatchee, FL 33470				
The street addr	ess of its registered office and the state identical.	street address of the business	office of its registered agent,	
authorized by the	as authorized by resolution duly ad higher board, or the corporation has be			
Signate	ire of an officer or director	Francis Harris, V	/ice President	
I further agrée performance of agent. Or. if th	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with is document is being filed merely to that the corporation has been noti	l statutes relative to the prope and accept the obligation of n o reflect a change in the regis	er and complete ny position as registered	
in a		July 6, 2017		
_	nature of Registered Agent	Da	te	
	chalf of an entity:			
	Il on behalf of InCorp Services, Inc.			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee. FL 32314

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