

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

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

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## REGISTERED AGENT CHANGE SOUTHEASTERN ENGINEERING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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## **COVER LETTER**

TO:	: Amendment Section Division of Corporations	
SHRI	SOUTHEASTERN ENGINEERING, INC.	
17020	Name of Corporation	
DOC	CUMENT NUMBER:	
The en	enclosed Statement of Change of Registered Office/Agent and fee are submitted for file	ing.
Please	ase return all correspondence concerning this matter to the following:	
	Name of Contact Person	
	C T Corporation System	
	Firm/Company	
	1200 South Pine Island Road	
	Address	
	Plantation FL 33324	
	City/State and Zip Code	
	toml@southeastemengineering.com	
	E-mail address: (to be used for future annual report notification)	
For fu	further information concerning this matter, please call:	
Tom L	1 Lodrīgue 386 314-9948	
•——	Name of Contact Person at ( ) Area Code & Daytime Teleph	one Number
Enclos	losed is a \$35.00 check made payable to the Department of State.	
	Mailing Address:  Amendment Section  Street Address:  Amendment Section	
	Division of Corporations Division of Corporations	5
	P.O. Box 6327 Clifton Building	Ni-sto
	Tallahassee, FL 32314 2661 Executive Center C	ricie

CR2E045 (03/12)

CR2E045 (03/12)

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

	•	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of	
<del>-</del>	_ , ,	egistered agent, or both, in the State of Florida.	
1. The name o	of the corporation: SOUTHEASTERN E	NGINEERING, INC.	
		ST NE SUITE 304 PALM BAY, FL 32905	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 09/12/1983	Document number: G59137	
	nd street address of the current registe artment of State: (If resigned, enter re	red agent and registered office on file with the signed)	
	ZEEK, HAROLD A.		<u> </u>
	1340 CLEARMONT ST NE SUITE 3	104	ال 2016
	PALM BAY, FL 32905		JUL 22
6. The name ar (if changed)	<del></del>	agent (if changed) and /or registered office	2 AM IU:
	C T Corporation System		+
	c/o C T Corporation System, 1200 So		_
		NOT acceptable	
	Plantation, Florida 33324		
The street addi	ress of its registered office and the st	reet address of the business office of its registered	agent,
Such change wanthorized by	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so notified in writing of the change.	
X pan	Colord Buch	HAROLD A. ZEEK	
Signai	ure of an officer or director	Trailed in types tissue and sine	
igent. Or, ij tr iereby confliri	nts accument is being filea merely in I that the corporation has been notifi	it and agree to act in this capacity, statutes relative to the proper and complete nd accept the obligation of my position as registere reflect a change in the registered office address, I ted in writing of this change.	eđ
CT Co By:	rporation System	mlar lanus	
Si	gnaking of Registance Agent	7[22] 2016 Delc	
f signing on be	chalf of an entity:		
	Typed or Printed Name	•	
6.00 10.00 1	* * * FILING	FEE: \$35.00 * * *	
М		FLORIDA DEPARTMENT OF STATE S, P.O. BOX 6327, TALLAHASSEE, FL 32314	