132731

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this morganized under the laws of the State of FL registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SEABOARD TA	MPA TERMINALS, INC.
2. The principal		
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 09/11/198	Document number: J32731
	street address of the current regi ment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	CORPDIRECT AGENTS, INC	
	515 East Park Ave	
	Tallahassee	FL 32301
6. The name and (if changed):		red agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	PO Box NOT acceptable
	Tallahassee	FL 32301
The street addre as changed will	ss of its registered office and the	e street address of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
/S/ Evelyn Mad	cia	Evelyn Macia, Secretary
I hereby accept a I further agree to of my duties, and document is bein corporation has	o comply with the provisions of I I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Bv: L lore	Service Company	01/30/2024
	ature of Registered Agent	Date
If signing on bel	nalf of an entity:	
	Asst. Vice President	_
Ту	ped or Printed Name * * * FIL1	NG FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314