

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name

: PARANET CORPORATION SERVICES, INC.

Account Number : 120090000069

Phone

: (800)277-9977

Fax Number

: (800)815-0477

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michele.picard@gmail.com Email Address:

## REGISTERED AGENT CHANGE SOUTHEASTERN CAPITAL CORPORATION

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Help AUG 2 , 2018

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

					0245101 3))
Pursuant to th	he provisions of sections 607.0302, 617.050	02, 607.1508, o	r 617.1508, Florid	a Statutes, thi	is
	change is submitted for a corporation organ				
hi or	der to change its registered office or regist	ered agent, or	both, in the State o	f Florida.	
I. The name of	of the corporation: SOUTHEASTERN	CAPITAL	CORPORAT	ION	
2. The princip	pal office address: 3010 3RD AVENU	E SOUTH	BIRMINGHA	M. AL 352	233
2 p			<u> </u>	<u> </u>	
	g address (if different); P.O. BOX 5540	65 BIRMIN	JOHAM AL 3		
3. The mailing	g address (if different);	OO, DII XIVIII	TOTINITIAL OF	J200	·
4.70 : 61	05/04/1992		. Dage	21	
	prporation/qualification: 05/04/1992		nt number: <u>P386</u>		<del></del>
<ol><li>The name a Florida Dep</li></ol>	nd street address of the current registered a partment of State: (If resigned, enter resigne	gent and registed)	ered office on file t	with the	
	C T CORPORATION SYSTE	М		_	
	1200 SOUTH PINE ISLAND	ROAD			
	PLANTATION, FL 33324				2010 105
				-	
<ol><li>The name as (if changed)</li></ol>	nd street address of the new registered agen	t (if changed) a	and /or registered o	ffice	8 P2
	NRAI Services, Inc.		1		***
	1200 South Pine Island Road		1	-	PH 45 00
	P.O. Box NOT a	scceptable	<del>:</del>	•	ည္ <sup>အ</sup>
	Plantation, FL 33324		<u>:</u>	_	
The street add	ress of its registered office and the street as	ddress of the b	usiness office of it	ts registered a	igent,
Such change wathorized by t	as authorized by resolution duly adopted the board, or the corporation has been notified.	by its board of	directors or by an	officer so	
_	DAMA :	_	1		
Signal	ure of an afficer of director		:C. Fled d	le .	<del></del>
hereby accept further agree performance of gent. Or, if the tereby confirm	t the appointment as registered agent and to comply with the provisions of all statut f my duties, and I am familiar with and acc its document is being filed merely to reflec that the corporation has been notified in	agree to act in es relative to to cept the obliga et a change in t writing of this	this capacity he proper and com tion of my position he registered offic champe	iplete i as registerei e address, I	đ
Meil		Bu	ransp 21	2018	
Sig	mature of Registered Agent		Dato	<u> </u>	
f signing on be	chaif of an entity;		; !		
Vatalie Leiba	9-Paul - Assistant Secretary		(((H18000245	(101 3)))	
	ypod or Printed Name		1		

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