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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 9/26/13

NAME: SEABOARD MARINE OF FLORIDA, INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Cobbed Hocks

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

Pursuant to the provisions of sections 607.0502, 6. statement of change is submitted for a corporation		
in order to change its registered office or	- ·	•
1. The name of the corporation:	SEABOARD MARINE OF F	FLORIDA, INC.
2. The principal office address:		
8001 N.W. 79TH AVE	Miami	FL 33166
3. The mailing address (if different):		
9000 WEST 67TH STREET ATTN: LEGA		KS 66202
4. Date of incorporation/qualification: 8/18	3/94 Document numbe	r: <u>P94000060969</u>
5. The name and street address of the current regis Florida Department of State: (If resigned, enter to		ce on file with the
CORPORAT	ION SERVICE COMPANY	<del></del> _
120	1 HAYS STREET	
Tallahassee	FL	32301-2525
6. The name and street address of the new registers (if changed):  National Corp	ed agent (if changed) and /or re porate Research, Ltd., Inc	SSEE SSEE
155	Office Plaza Drive	100 F: 2
Р.О. В	ox NOT acceptable	
Tallahassee	Florida	32301
The street address of its registered office and the as changed will be identical.  Such change was authorized by resolution duly a authorized by the board, or the corporation has be		
Daw m see	David M. Becke	vP/Secretary
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely thereby explire that the corporation has been not signature of Registered Agent  If signing on behalf of an entity:	ent and agree to act in this ca ill statutes relative to the prop and accept the obligation of to reflect a change in the regi ified in writing of this change	per and complete my position as registered Islered office address. I
Anthony F. Mackey V.P. of NCD		

Typed or Printed Name

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