

Division of Corporations

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S43593

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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STATE
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**REGISTERED AGENT CHANGE
SEABREEZE NORTH CORPORATION**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECURITY OF STATE
TALLAHASSEE, FLORIDA**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Seabreeze North Corporation
2. The principal office address: 2958 Brooksville Road
Richfield, OH 44286
3. The mailing address (if different): 2958 Brooksville Road
Richfield, OH 44286
4. Date of incorporation/qualification: 04/08/1991 Document number: S43599
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
BDB Agent Co.
5355 Town Center Road, Suite 900
Boca Raton, FL 33486
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
CT Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] by *[Signature]*
Signature of President or Director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent Date

If signing on behalf of an entity: **CT Corporation System**

[Signature] Renee Cruz, Asst. Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR28045 (03/12)