830164

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| Requester's Name | | | |
| Address | | | |
| City/State/Zip Phone # | · · · · · · · · · · · · · · · · · · · | 30000463813 -10/16/010102 ******35.00 ** | |
| | | Office Use Only | |
| CORPORATION NAME(S) & DOCUM | ENT NUMBER(S), (ii | f known): | |
| . (Corporation Name) | (Document #) | | paris Table |
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| (Corporation Name) | (Document #) | PATE O | |
| ☐ Walk in ☐ Pick up time | - | Certified Copy | |
| ☐ Mail out ☐ Will wait | ☐ Photocopy | ☐ Certificate of Status | - |
| NEW FILINGS | <u>AMENDMENTS</u> | | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R Change of Regis Dissolution/With Merger | | · |
| OTHER FILINGS | REGISTRATION/O | QUALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Partners Reinstatement Trademark | shi p | |

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION AND/FOREIGN CORPORATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FOREIGN CORPORATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

| (| GAB Robins North Amer | | | | |
|------------|---|------------------------------|---|------------|--|
| | | (Name of alien | business organization or fore | ign corpo | |
| ! <u>.</u> | May 25, 1973 | 3 | 830164 | 4 | 13-2747654 |
| | (Florida registratio | on date) | (Florida document numb | er) | (FEI Number, if applicable) |
| <u></u> ç | Campus Drive, Suite 7 | , Parsippany, N | | | |
| . 1 | Name and address of | f registered ag | (Principal office address) ent and office currently | on reco | ord with this office: |
| | C T Corpora | ation System | | | <u> </u> |
| | 1200 South | Pine Island Roa | d | | PCC CT |
| | Plantation, F | lorida 33324 | | | \$\frac{1}{2} \text{S} \text{S} |
| . 1 | New registered agent | t and/or office | address: | | ALL ALASSEE, FLORIES |
| | NRAI Service | ces, Inc. | | | |
| | 526 E. Park | Avenue | | | —————————————————————————————————————— |
| | Tallahasse, | Florida 32301 | | | <u> </u> |
| | | (Note: Registe | ered office must be a Florida | street ado | iress) |
| . : | registered agent are | identical. horized by the | e board of directors or a | | f the business office of the |
| 0. | | MA | 1700 | | |
| (| | (Signature | of chairman, vice chairman, | or officer |) |
| 1. | | | M. Jackson, Corporate Se capacity of person signing in | | 10 above) |
| | | (rvaine allu | capacity of person afgining in | . mannocr | 10 400 105 |
| 2. | Signature of new re I hereby accept the obligations of sect | appointment tion 607.0505 | as registered agent. I a , Florida Statutes. | n famil | iar with and accept the |
| | NRAI S ARegistered ag | Services, Inc. / | Sang Shelman 155t. Secy pointment) | · <u>-</u> | 9/14/0/ (Date) |

FILING FEE: \$35.00 DIVISION OF CORPORATIONS- P. O. BOX 6327 - TALLAHASSEE, FL 32314