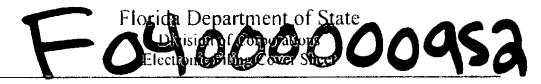
From: Lexus Wingo

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Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE TABS GROUP, INC.

Certificate of Status	0
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Page: 4 of 4

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of <u>CT</u> or to change its registered office or registered agent, or both, in the State of Flo	Γ	iis
1. The name of t	the corporation. TABS GROUP, INC.		
2. The principal	office address: 2 CORPORATE DRIVE, STE. 254. SHELTON, CT 06484		
	address (if different):		
4. Dateofincorp	oration/qualification: 02/11/2004 Document number: F040000005	)52	
	d street address of the current registered agent and registered office on file with timent of State: (If resigned, enterresigned)	the	202
	Jetta, Kurt		2 JA
	1022 Del Harbour Dr		2022 JAN 13
	DelRay Beach, FL 33483	7.55E	
6. The name and (ifchanged):	d street address of the new registered agent (if changed) and /or registered office	STATE	AM II:
	C T Corporation System		
	1200 South Pine Island Road		
	P.O. Box NOT acceptable Plantation, Florida 33324		
The street addre	ess of its registered office and the street address of the business office of its r be identical.	egistere	ed agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an of ne board, or the corporation has been notified in writing of the change.	ficer so	,
	Denise Bell, Attorney in Fact The of an officer of director  Printed or typed name and title		
Thereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address. I hereby is been notified in writing of this change.	игет. О	Or. II INIS
Sig	nature of Negritofich Agent Date		
It signing on be	shalf of an entity:		
Cydni Hornsby,	Assistant Secretary		
Т	yped or Printed Name		
	* * * FILING FFF: \$35.00 * * *		

FILING FEE: \$35.00

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: