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| Certified Copies Certificates of Status | | | | | | |
| Solution Sopies | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 24, 2018

Order#: 177002/004

Re: AEON SYSTEMS, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. | Na | me of the limited liability company: AEON SYSTE | EMS, LLC | | | |
|------------------------|--|--|--|---|---|--|
| 2 | (a) | 1715 HWY 35 | (b) | 1715 HV | VY 35 | |
| ۷. | (4) | Principal office address of limited liability company: | | М | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAT BE FOST OFFICE BOX) | |
| | | STE 101 | | STE 101 | | |
| | | MIDDLETOWN, NJ 07748 | | MIDDLET | OWN, NJ 07748 | |
| | | 07/15/2014 | | L14000111 | | |
| 3. | | Date of filing/registration in Florida | 4. | Ī | Document number | |
| 5. | (a) | PAVLOU, DEMETRIOS | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9858 CLINT MOORE ROAD | | | | |
| | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | - | | |
| | SUITE C111236 | | | | E _{CC + D} | |
| | | BOCA RATON | FL <u>33496</u> | | ALLAH Secondari | |
| | (b) | Corporation Service Company | | | APR 26 PHAR LANG DE LA SSEE, FL | |
| | (-) | Enter name of NEW Registered Agent and/or NEW Registered Office address | | ress: | EE. FLORIDA | |
| | | | | | | |
| | | 1201 Hays Street | | | orien o | |
| | | NEW Registered Office Address: | | | | |
| | | | , , | | | |
| | | Tallahassee | FL <u>32301</u> | | | |
| the ag wa the | e cha ent v as/w e art | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t | of the regis I liability cors s of the limi | tered office mpany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| /s/ Alan Lewis | | | Alan | Alan Lewis, Manager | | |
| I pr the to | here ovis e obi mer | ture of a member or authorized representative of a member by accept the appointment as registered agent and a cions of all statutes relative to the proper and completing tions of my position as registered agent as proviety reflect a change in the registered office address, d in writing of this change. | agree to act ele performa ided for in C . I hereby co | in this capa | Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been | |
| Si | ignatı | are of Registered Agent Corporation Service Company | y BY: Gi | race E. Kirl | by, Assistant Vice President | |