## F00000004142

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(C	ity/State/Zip/Phone #)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 651174 7854798

**7X** 

AUTHORIZATION

COST LIMIT : \$35.00

ORDER DATE: March 1, 2019

ORDER TIME : 1:10 PM

ORDER NO. : 651174-001

CUSTOMER NO: 7854798

CHANGE OF AGENT

NAME: ABET INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS:

## **COVER LETTER**

Division of Corporations
SUBJECT: AbeT Inc Name of Corporation
DOCUMENT NUMBER: F0000004742
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Kearney Name of Contact Person
Name of Contact Person
Abet Inc
60 W. She Freldare
Englewood NJ07631  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Kearney at 201, 541 4917  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 6 corporation organized red office or registered	d u <mark>nder t</mark> he laws of the	e State of <u>F/</u> e	01.63	-
1. The name of t	Λ	bet Inc.				
2. The principal	office address: 60	0 W. Shef NJ 0763	heldarc		. <del></del>	
<u></u>	ddress (if different):_					
<del></del>				<del>_</del>		
4. Date of incorp	ooration/qualification:	4/90	Document number:	F 0000	0004	142
	tment of State: (If resi	current registered ager igned, enter resigned) Kearney	nt and registered office	on file with th	ie	
	1201	Hays Street				
	Tallah	nassee, FL 32301			2019 HER	<del>-</del> 10
6. The name and (if changed):	street address of the	new registered agent (	if changed) and /or reg	gistered office	R 20	!
	Corporation Service	Company			ž –	Ċ
	1201 Hays Street			<del></del> .		
	Tallahassee	P.O. Box NOT acc	uptable FL 32301			
as changed will	be identical.	fice and the street add				nt,
Such change wa authorized by th	s authorized by resol le board, or the corpo	ution duly adopted by ration has been notifi	its board of directors ed in writing of the ch	s or by an offic nange.	er so	
Signatur	re of an officer of director	<del>_</del>	Printed or typed	la May		-
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as re o comply with the pro my duties, and I am f is document is being	egistered agent and a ovisions of all statutes familiar with and acce filed merely to reflect has been notified in w N	pt the obligation of m a change in the regis	iy position as r	registereu	
By: Sign	nature of Registered Aura half of an entity	<u>+</u>	03/20/20/ Dat	de		-
-Asst. Vice	resident					

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