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DEPARTMENT OF STATE

FEB -1 AN IO 48
PRETARY OF STATE
BAHASSEE, FLORIDA

FEB 4 2019 TEROZERT



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 31, 2013

ORDER TIME : 3:43 PM

ORDER NO. : 516924-026

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: ATLANTIC ACQUISITION CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of cha		ed under the laws of the State of Delaware ed agent, or both, in the State of Florida	
	the corporation: ATLANTIC ACQUISIT	-	
2. The principal	office address: 15 East Union Avenue	e, E. Rutherford NJ 07073	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/26/2005		
	d street address of the current registered age rtment of State: (If resigned, enter resigned		
	CT Corporation System		
	c/o CT Corporation System 1200 South Pine Island Road		
	Plantation FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1201 Hays Street		
	P.O. Box NOT at Tallahassee, FL 32301	cceptable	
The street addre	ess of its registered office and the street ac be identical.	ddress of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been notified.	by its board of directors or by an officer so fied in writing of the change.	
Jev	- News	Deb Reeves, Vice President Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and acc	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registered et a change in the registered office address, I	
By: (M	enature of Registered Agent	January 24, 2013	
_	chalf of an entity:		
	t, Asst. Vice President		
1	Then or i innew timine		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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