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Division of Corporations

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: (608)827-5300

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## REGISTERED AGENT CHANGE ABINGTON GROUP, INC.

Certificate of Status	0
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statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of New Hampshire er to change its registered office or registered agent, or both, in the State of Florida.	<b>-</b>
1. The name of t	the corporation: ABINGTON GROUP, INC.	
2. The principal	office address: 195 West Road, Portsmouth, NH 03801-5654	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 2/27/2006 Document number: F06000001273	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE FL 32301	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	;
	Business Filings Incorporated	
	1203 Governors Square Blvd, Suite 101	
	P.O. Box NOT acceptable	
	Tallahassee, FL 32301-2960	
The street addre	ress of its registered office and the street address of the business office of its registered ages i be identical.	nt,
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Ma	Michael J. Carr, President  Printed or typed name and title  t the appointment as registered agent and agree to act in this capacity.	-
	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. Or, if the integral of the proper and I am familiar with and accept the obligation of my position as registered agent. Or, if the integral of the integral of the property to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	nce his he
By: <i>U</i>	mature of Registered Agent 12/14/09	_
If signing on be	chalf of an entity:	
	Mark Williams, A.V.P.	
Ť	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
M	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	

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