FU900000041

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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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: Grace Kirby grace.kirby@cscglobal.com

Date: January 2, 2019

Order#: 559532-009

Re: T.A.B. RETAIL REMODELING, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.....

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S a organized under the laws of the State of _	Georgia	
		registered agent, or both, in the State of F	toriaa.	
1. The name of t	he corporation; T.A.B. RETAIL RE	EMODELING, INC.		
2. The principal	office address: 3395 WHITE SULI	PHUR ROAD, GAINESVILLE. GA 30501		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/06/200	9Document number: F090000	00041	
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wiresigned)	th the	
	NRAI SERVICES, INC		3	
	1200 South Pine Island Road		1 <u>1</u> 1 2	
	Plantation	FL 33324	<u></u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company		مون	
	1201 Hays Street			
	P.O Box NOT acceptable			
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the be identical.	street address of the business office of its	registered agent.	
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an coen notified in writing of the change.	fficer so	
\times	ie & Cionie	Jill Cilmi, Vice President		
Signatul	e of an officer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if thi hereby confirm to	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered office ified in writing of this change.	as registered	
By:	ace tokuble	12/10/2018		
Sign	ature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ту	ped or Printed Name			

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