Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H12000087543 3)))



H120000875433ABC/

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Division of Corporations

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enall 2000000: Christy, Lurie @ elabsolutions.com

APR -L AM 8: 04
LEANASSEE, FLORIDA

REGISTERED AGENT CHANGE ELAB CONSULTING SERVICES, INC.

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS H12000087543						
Pursuant to the provisions	of sections 60	7.0502, 617.0502,	607.1508, or 617.1508, Fi	lorida Statutes, this		
statement of change is sul						
in order to chang	ge its registered	l office or registere	d agent, or both, in the Sta	nte of Florida		
1. The name of the corpor	ation: eLab	Consulting Se	ervices, Inc.			
2. The principal office add	tress: 120 Inte	erstate N Pkwy	Ste 116			
	Atlanta	, GA 30339	<u> </u>			
3. The mailing address (if	dlfferent):	· · · · · · · · · · · · · · · · · · ·			 	
4. Date of incorporation/q	ualification:	2/2/2011	Document number:	F11000000471		
The name and street add Florida Department of S	iress of the curr State: (If resigna	rent registered ager ed, enter resigned)	nt and registered office on	file with the		
CorpDi	rect Agents	inc.				
515 Ea	st Park Avei	nue				
Tallaha	ssee, FL 32	301				
6. The name and street add (if changed):	ress of the new	registered agent (i	f changed) and /or register	red office	12 APR	
Hubco	Registered /	Agent Services,	Inc.		-	
155 Off	ice Plaza Dr	ive, 1st Floor			PM	
 		P.O. Box NOT so	optable		بن	
Tallaha	ssee, FL 323	301			5	
The street address of its re as changed will be identic	egist ere d office al.	and the street add	lress of the business offic	ce of its registered agent,		
Such change was authorize the board, o	ed by resolution the corporati	on duly adopted by on has been notifi	t its board of directors or ed in writing of the chang	by an officer so go.		
Chicago of arother	or aurector	····	CFO/Tre	asurer researance		
I hereby accept the appoint further agree to comply of my duties, and I am fam locument is being filed me corporation has been notif	ntment as regis with the provis viliar-with and arely to reflect fled in writing	stered agent and a dons of all statutes accept the obligat a change in the re of this change.	eree to act in this capacit relative to the proper ar ion of my position as reg gistered office address, i	ly, id complete performance istered agent. Or, if this I heraby confirm that the		
Bun & H	LLL P	<u> </u>	3/23/20			
f signing on behalf of an	entity:		and the second			
Bruce B. Hubba		nt				
Typed or Printed	Nemo					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(05)