11/15/2018



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Division of Corporations

Fax Number : (850)617-6330

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA090000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

## REGISTERED AGENT CHANGE THE BOON GROUP, INC.

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Help

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

Pursuant to the provisions of sec statement of change is submitted in order to change its re	for a corporation or:	ganized under the laws of	the State of DE	
I. The name of the corporation:	TheBoonGroup,Inc.			
2. The principal office address:_ 6300 BRIDGEPOINT PKWY				
3. The mailing address (if differences) 6300 BRIDGEPOINT PKW				
4. Date of incorporation/qualific	ation: 02/13/2012	Document numb	er: E12000000703	
5. The name and street address of Florida Department of State:(	of the current registere	ed agent and registered off		
CORPORATIO	NSERVICECOMPAN	ΙΥ		
1201HAYSSTI	REET			
TALLAHASSE	E,FL32301-2525		-•	<b>5</b>
6. The name and street address of (if changed):	of the new registered a	igent (if changed) and /or	registered office:	
CTCorporation				
1200SouthPine		SUT acceptable	<del></del> }	
Plantation, Flori		ver acceptance		E
The street address of its register as changed will be identical.  Such change was authorized by				
Such change was authorized by authorized by the board, or the	corporation has been	notified in writing of the	change.	
Belanger	otor	TriciaBelanger, Secre	tary ped name and title	
I hereby accept the appointmen I further agree to comply with a performance of my duties, and a gent. Or, if this document is h hereby confirm that the corporc	t as registered agent he provisions of all s I am familiar with an eing filed merely to r	and agree to act in this c tatutes relative to the pro d accept the obligation of effect a change in the reg	apacity, per and complete I my position as re istered office add	egistered fress, l
By. Signature of Registered A	Agen:	11/15/2018	Date	<del></del>
If signing on behalf of an entity				
MicheleHolden,AsstSect				
Typed or Printed Name				
	* * * FILING	FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasset, FL32314 CR2F045 (03/12)