F1300000000

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

Office Use Only



900258282879

04/03/14--01018--008 **35.00

SECRETARY OF STATE

APR 0.9 2015



CSC - WFLMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: April 1, 2014

Order#: 071365-002

Re: ARBEE ASSOCIATES

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Evelyn Wright

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga ar to change its registered office or regis	nized under the la	aws of the State of NJ	-
1. The name of	the corporation: ARBEE ASSOCIATES	INC		
	office address:			
3. The mailing a	address (if different):			_
4. Date of incor	poration/qualification: 12/31/2012	Document	number: F1300000006	
	d street address of the current registered rtment of State: (If resigned, enter resign		red office on file with the	
	NRAI SERVICES, INC.			
	1200 SOUTH PINE ISLAND ROAD			55
	PLANTATION	FL	33324 Solution of the second o	出記
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) an	nd /or registered office	2000年111-17
	Corporation Service Company		·	
	1201 Hays Street			,
	P.O. Box NO Tallahassee	Tacceptable FL	32301	
	ess of its registered office and the street be identical. as authorized by resolution duly adopte he board, or the corporation has been no			ent,
To	of an officer or director	Dona Priebe, \	Vice President	_
I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent ar to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified on Service Company	tutes relative to tl accept the obligat lect a change in t	he proper and complete tion of my position as registered the registered office address, I	
By: Dry	ace Cokubile	03/27/2014	Date	_
_	enature of Registered Agent		2	
	, Assistant Vice President			
T	yped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)