F13000003316

	equestor's Name)	
(140	squestor s reame)	
•		
(Ac	ddress)	
Ť		
(Ar	ddress)	
(
(Ci	ty/State/Zip/Phone#	5)
	_	
PICK-UP	WAIT	MAIL
(D)	usiness Entity Name	,
(60	isiness Entity Name	,
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		
		-

Office Use Only



000285520160

06/15/16--01019--003 **35.00



JUN 23 2016

C MCNAIK



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: June 13, 2016

Order#: 177164-010

Re: MCCABE, 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
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 ch	nange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of NJ ice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: MCCABE, IN	NC.	
2. The principa	l office address: 364 Swedesl	boro Road, Mullica Hill, NJ 08062	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07/29	/2013 Document number: F13000003316	
	nd street address of the current artment of State: (If resigned, or	registered agent and registered office on file with the enter resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name an (if changed):	•	gistered agent (if changed) and /or registered office any P.O. Box NOT acceptable FL 32301	
	Corporation Service Compa	any	
	1201 Hays Street	P.O. Box NOT acceptable	
	Tallahaassa	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addr as changed will	ess of its registered office and I be identical.	d the street address of the business office of its registered agent,	
Such-change w authorized by the	as authorized by resolution d he board, or the corporation b	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Xie	2 agric	Jill Cilmi, Vice President	
	ure of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provision: fmv duties, and I am familian	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I n notified in writing of this change.	
By: Drai		06/13/2016	
	gnature of Registered Agent Chalf of an entity:	Date	
	, Assistant Vice President		
	vped or Printed Name		

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