

(Requestor's Name)				
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #	<i>‡</i> )		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

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2018 SEP 27 PM 2: 14
SECRETABY OF STATE

C. GOLDEN 0CT -2 2018



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 25, 2018

Order#: 389457-004

Re: TAB RETAIL STAFFING 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: Ami Casper

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	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	mized under the laws of the State o	f Georgia	
1. The name of	the corporation: TAB RETAIL STAFFIN	IG INC		
2. The principal	office address: 3395 White Sulphur Ro	pad, Gainesville, GA 30501		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/11/2014	Document number: F1400	0003353	
	I street address of the current registered rtment of State: (If resigned, enter resign		with the	
	NRAI Services, Inc			
	1200 South Pine Island Road		<b>201</b>	
	Plantation, FL 33324		2018 SEP 27 SEGRETARE	
6. The name and (if changed):	I street address of the new registered ago		27 PM	
	Corporation Service Company		E. F. S. H.	
	1201 Hays Street			
	PO Box NO	•		
	Tallahassee	FL 32301	_	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of	its registered agent,	
Such change was authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by a otified in writing of the change.	n officer so	
/\ e	LE GOMES	Jill Cilmi, Vice President		
ignatu	re of an officer or director	Printed or typed name and i	title	
I filisther agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent at to comply with the provisions of all statemy duties, and I am familiar with and it is document is being filed merely to refithat the corporation has been notified in Service Company	tutes relative to the proper and co accept the obligation of my position lect a change in the registered off	on as registered	
By	MLey	09/25/2018		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Ami M. Casper,	, Asst. Vice President			
T <sub>y</sub>	yped or Printed Name			

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