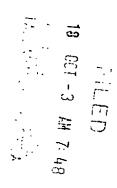
## M17000001646

(Pa	questor's Name)			
en)	questoi s ivame)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
_				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
`	,			
Certified Copies	Certificates	of Status		
Certified Copies	_ Certificates	or Glatus		
Special Instructions to Filing Officer:				

Office Use Only



000319314620



18 901 - 3 PM 4: 14

DOT I THE



10/3/2018

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:				
Name: Merritt	Walker	<del></del>		
Reference #:	C023698			
Entity Name:	ABST	TRAX, LLC		
Articles of Incorp	oration/Authori	ization to Transact E	Business	
Amendment				
✓ Change of Agent				
Reinstatement				
☐ Conversion				
Merger				
☐ Dissolution/Witho	drawal			
☐ Fictitous Name				
Other				
	1			
Authorized Amount:	<u>\$25</u>			
Signature:	LAMAA/			

© CORPORATE HQ COGENCY GLOBAL INC. 10 E 40" ST, 10" FL NY, NY 10016

800.221.0102 •1.212.947.7200 **@EUROPEAN HQ** 

COGENCY GLOBAL (UK) LIMITED BEGISTERD NESSCIAND R WALES BEGISTER VALOUS // P. LONDON ECGA /BA -44 (0)20.3786.1090

@ ASIA PACIFIC HQ



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

, o,			
1. Name of the limited liability company: ABSTRAX, L	LC		
2. (a) Principal office address of limited liability company	88 Silva Lane, Ste. 8		
( <u>Note: MUST BE STREET ADDRESS</u> )	Middletown, RI 02842		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	88 Silva Lane, Ste. 8		
(Note: MAT BE TOST OFFICE BOX)	Middletown, RI 02842		
February 24, 2017	M17000001646		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	C T CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD 1200 South Pine Island Road		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u>	COGENCY GLOBAL INC.		
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4		
	Tallahassee ,FL 32301		
If the limited liability company is not organized under the le confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of		
/S/ John Nathan Chandler	_		
Signature of a member or authorized representative of a member			
John Nathan Chandler	_		
Printed or typed name of signee	area to get in this carrests. I further arrest to		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po- Chapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I juriner agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

/S/ Tim Mayville

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00