## P14000059957

| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Durings Fulfa Nama)                    |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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Office Use Only



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S TALLENT APR 27 2018

R/b-CA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 24, 2018

Order#: 177002/008

Re: THE AEON GROUP, INC.

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 Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| -   | provisions of sections 607.0502, 617<br>inge is submitted for a corporation o   |   |   |            |             |
|---|---|---|---|------------|-------------|
| =   | r to change its registered office or re   | _   |   |            |             |
| 1. The name of t  | the corporation: THE AEON GROUP   | P, INC.   |   |            |             |
| 2. The principal  | office address: 1715 HIGHWAY 35,  | STE 101, MIDDLET  | OWN, NJ 07748   |            |             |
|   | g, philips  |   |   |            |             |
| 3. The mailing a  | address (if different):   |   |   |            |             |
| 4. Date of incorp   | poration/qualification: 07/15/2014  | Document  | number: P14000059   | 9957       |             |
|   | d street address of the current register<br>rtment of State: (If resigned, enter re   |   | red office on file with t   | he         |             |
|   | Pavlou, Demetrios   |   |   |            |             |
|   | 9858 Clint Moore Road, Suite C11  | 1236  |   |            |             |
|   | Boca Raton  | FL  | 33496   | 170        |             |
| 6. The name and (if changed):   | i street address of the new registered  | agent (if changed) ar   | nd /or registered office  | APR 25     | - <u>11</u> |
|   | Corporation Service Company   |   |   | W I        | M           |
|   | 1201 Hays Street  |   |   |            |             |
|   | P.O. Box  | NOT acceptable  | 32301   | i ii       |             |
| as changed will   | ess of its registered office and the st   | reet address of the bu  | usiness office of its rep   |            |             |
| Such change wa<br>authorized by the   | as authorized by resolution duly add<br>board, or the corporation has bee   | opted by its board of on notified in writing                                | directors or by an offic<br>of the change.                                  | cer so     |             |
| Signatu   | re of an officer or director  |   | W MAUN<br>ted or typed name and title                                       | s, CEO     |             |
| I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | be appointment as registered ager<br>to comply with the provisions of all<br>my duties, and I am familiar with a<br>is document is being filed merely to<br>that the corporation has been notif<br>in Senvice Company | statutes relative to the<br>and accept the obliga-<br>reflect a change in t | he proper and complet<br>tion of my position as<br>the registered office ac | registered |             |
| By: Dra   | co Cokubio  | 04/24/201   |   |            |             |
| _   | half of an entity:  |   | Date  |            |             |
|   | Assistant Vice President  |   |   |            |             |
|   | yped or Printed Name  |   |   |            |             |
|   | * * * FILING  | G FEE: \$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)