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Special Instructions to i	Filing Officer				
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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#: 177002/003

Re: AEON PARTNERS, 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

statement of cha	provisions of sections 607.0502, 617.050 mge is submitted for a corporation organ r to change its registered office or registe	ized under the law	vs of the State of Flot	rida	
1. The name of t	he corporation: AEON PARTNERS, INC				
2. The principal	office address: 1715 HIGHWAY 35, STE	101, MIDDLETO	OWN, NJ 07748		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 07/15/2014	Document r	number: P14000059	962	
	I street address of the current registered a tment of State: (If resigned, enter resigned		ed office on file with t	he	
	Pavlou, Demetrios				
	9858 Clint Moore Road, Suite C111236	3			
	Boca Raton	FL	33496	等 智	
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and	d /or registered office		THE TEN
	Corporation Service Company		<del></del>	120	المشاة
	1201 Hays Street			, 18 d 2	
	P.O. Box NOT	acceptable FL	32301		
	Tallahassee		32301		
as changed will	ess of its registered office and the street be identical. as authorized by resolution duly adopted ne board, or the corporation has been no				ı
authorized by the	ne board, or the corporation has been no				
Signatu	ire of alt officer or director		d or typed name and title	}	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent an to comply with the provisions of all statemy duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Service Company	utes relative to the copy the copy the obligation of the copy in the copy in this copy this copy in the copy in th	e proper and comple ion of my position as ne registered office a change.	ete registered ddress, I	
By: I Irac	mature of Registered Agent	04/24/2018	8 Date		
	chalf of an entity:				
Grace E. Kirby	, Assistant Vice President				
T	yped or Printed Name				
	* * * FILING FE	Æ: \$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)