

M15000002389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

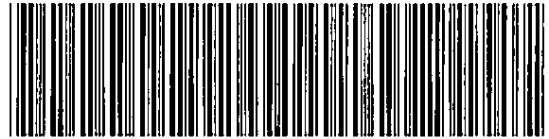
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY 31 PM 2:39
STATE
FALLAHASSEE, FL

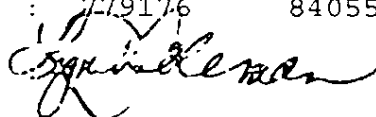
RECEIVED
2023 MAY 31 PM 1:19
STATE
FALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 779176 8405507

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : May 31, 2023

ORDER TIME : 2:19 PM

ORDER NO. : 779176-015

CUSTOMER NO: 8405507

CHANGE OF AGENT

NAME: PHOENIX BENEFITS MANAGEMENT
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1. Name of the limited liability company: PHOENIX BENEFITS MANAGEMENT LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u>) <u>410 PEACHTREE PARKWAY SUITE 4225</u> <u>CUMMING, GA 30041</u>	(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u>) <u>410 PEACHTREE PARKWAY SUITE 4225</u> <u>CUMMING, GA 30041</u>
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3. <u>03/10/2015</u> Date of filing/registration in Florida	4. <u>M15000002389</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
File Florida Co.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
629 SW 1st Ave.
Fort Lauderdale, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

FILED
 2023 MAR 31 PM 2:39
 CLERK OF STATE
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Sheila Chapman _____ Signature of a member or authorized representative of a member	Sheila Chapman, Member _____ Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
 Signature of Registered Agent
 Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company