N19000005876

(Re	equestor's Name)	
(Ad	fdress)	
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(,,,	, 2, 2, 2,	
(Cit	ty/State/Zip/Phone	⊋ #)
		_
PICK-UP	MAIT	MAIL
	isiness Entity Nan	ne)
(50	iomess Emily Ham	,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
		

Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

Estand Danies Information Course to	
SUBJECT: Federal Benefits Information Center In Name of Corporation	
DOCUMENT NUMBER: N19000005876	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Brenda Edmonds	
Name of Contact Person	
Federal Benefits Information Center Inc	
Firm/Company	
814 Lantern Way	
Address	 _
Clearwater, FL 33765	
City/State and Zip Code	
info@federalbenefitsinfo.org	}
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, [please call:
Brenda Edmonds	at (727) 744-3111 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

** ' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corporation orga	92, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of <mark>Florida</mark>	this
	er to change its registered office or registered to the corporation: Federal Benefits Information	tered agent, or both, in the State of Florida. tion Center Inc.	
1. The name of	office address: 970 Lake Carillon Drive, 9	Ste 300, St. Petersburg, FL 33716	
z. The principal	office aggress:		
3. The mailing a	address (if different): 814 Lantern Way, C	Clearwater, FL 33765	
4. Date of incor	poration/qualification: 01/09/2017	Document number: N19000005876	
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	Registered Agents Inc.		
	7901 4th Street N, Ste 300		
	St. Petersburg, FL 33702		2020 JUL 21 PH 6: 02
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	1.21
	Brenda Edmonds		Pi
	814 Lantern Way		9: O?
	P.O. Bo	x NOT acceptable	, 0
	Clearwater, FL 33765		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registe	ered agent,
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer of the change.	so
Bun	daldmonds	Brenda Edmonds, Director	
,	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered agent ar to comply with the provisions of all star ad I am familiar with and accept the obling ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete pe ligation of my position as registered agent, he registered office address, I hereby confir	erformance Or, if this rm that the
/ Du	ida Edmondo	07/14/2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т	yped or Printed Name		

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