

N19000005876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

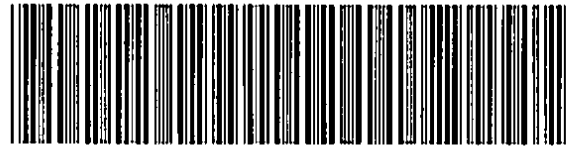
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Federal Benefits Information Center Inc
Name of Corporation

DOCUMENT NUMBER: N19000005876

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this 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 annual report notification)

For further information concerning this matter, please call:

Brenda Edmonds at (727) 744-3111
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 2020 JUL 21 PM 6:02