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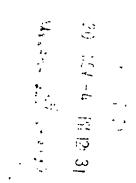
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COUNTY OF



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

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From: Ashley Seeman ashley.seeman@cscglobal.com

Date: November 2, 2020

Order#: 439872-094

Re: FRINGE BENEFIT 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 Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	n organized under the law	s of the State o	f Texas
1. The name of t	he corporation: FRINGE BENEFI	T GROUP, INC.		
2. The principal	office address: 11910 Anderson M	Mill Road Austin TX 7872	26	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/27/2001	Document n	umber: F0100	00006089
	street address of the current regis tment of State: (If resigned, enter	-	d office on file	with the
	John D Hatch			
	1267 Berkshire Lane Suite 200		<del></del>	<del></del>
	Tarpon Springs	FL	34688	
6. The name and (if changed):	street address of the new register  Corporation Service Company	red agent (if changed) and	/or registered	office 20
		<del>-</del>	;	1
	1201 Hays Street	P.O. Box NOT acceptable		T T T
	Tallahassee	FL	32301	· · · · · · · · · · · · · · · · · · ·
The street addre	ess of its registered office and the be identical.	street address of the bus	siness office of	ىن its registered agent,
Such change wa authorized by th	is authorized by resolution duly a board, or the corporation has b	adopted by its board of di been notified in writing o	irectors or by a fithe change.	an officer so
	Xie E. almi	Jill Cilmi		Vice President
Signatu	of an officer or director	Printe	d or typed name and	i title
I further agree to of my duties, an document is bei corporation has	the appointment as registered age comply with the provisions of a d I am familiar with and accept the file of a change been notified in writing of this can Service Company	all statutes relative to the the obligation of my posi ze in the registered office	e proper and co	red agent. Or. if this
By: Cer	, m leif	11/02/2020		
	nature of Registered Agent		Date	
ii signing on be	half of an entity:			
	st. Vice President	_		
13	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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