## F04000003603

(Requestor's Name)					
(Address)					
7.11					
(Address)					
(City/State/Zip/Phone #)					
,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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02/05/08--01006--024 \*\*35.00



W2-7-01

## **COVER LETTER**

Division of Corporations
SUBJECT: Benetech, Inc. d/b/a Benetech Investments Corp. (Name of Corporation)
DOCUMENT NUMBER: F04000003603
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:
(Name of Contact Person)
PREMIER CORPORATE SERVICES (Firm/Company)
200 WEST ADAMS, STE. 2007
CHICAGO, TL 60606 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (312) 346-3606 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	mge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes nized under the laws of the State of Delaware tered agent, or both, in the State of Florida.	· ·
1. The name of	the corporation: Benetech, Inc. d/b/a	Benetech Investments Corp.	
2. The principal	office address: 1851 Albright Road, Mor	ntgomery IL 60538	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: June 24, 2004	Document number: F04000036	303
5. The name and		agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		5
	Plantation FL 33324		O8 FE
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	EB-5 RETARY
	NRAI Services, Inc.		PF A
	2731 Executive Park Drive		9: 3: STATE LORIC
	(P.O. Box NOT acceptable Weston, FL 33331	e)	
The street addr	ess of its registered office and the stree l be identical.	et address of the business office of its regis	stered agent,
Such change wauthorized by t	as authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an office notified in writing of the change.	er so
Janes (Signa	ture of an officer or director	James R. Herrman, Treasurer and C	FO
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all sto nd I am familiar with and accept the ol ving filed merely to reflect a change in t is been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete bligation of my position as registered age, the registered office address, I hereby con te.	performance it. Or, if this firm that the
mich	U Donoran	/- 3 /- 2 0 6 Y	
(S	ignature of Registered Agent)	(Date)	
• •	ehalf of an entity:		
Michael	(Typed or Printed Name)		
Į.	(115cg of 11 uner Laune)		

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

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

CR2E045 (8/05)