F05000007259

(Req	uestor's Name)	 		
(Add	ress)	· ·		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		,		



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06/24/21--01025--013 **35.00

2021 JUN 24 AN IO: 51
SECRETARY OF STATE

Office Use Only



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 22, 2021

Order#: 817801-013

Re: BENEFIT CONSULTANTS GROUP, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35__.

Please take the following action:

 \underline{XX} File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

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, 617.050 inge is submitted for a corporation organ	nized under the laws of the Sta	te of Pennsylvania
	r to change its registered office or regist		te of Florida.
1. The name of t	the corporation: BENEFIT CONSULTA		<u> </u>
2. The principal	office address: 51 Haddonfield Road, S	ulle 210, Cherry Hill, NJ 000	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 12/14/2005	Document number: FC	05000007259
	I street address of the current registered a timent of State: (If resigned, enter resigned	_	file with the
	Registered Agent Solutions, Inc.		
	155 Office Plaza Drvie, Suite A		2021 JUN 24 SECRETARY
	Tallahassee	FL 32301	AHIO:
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or register	red office 2 2
	Corporation Service Company		
	1201 Hays Street		
	P.O. Bo	x NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the street be identical.	address of the business offic	e of its registered agent.
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or otified in writing of the chang	by an officer so e.
Xiel,	2. aoni	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed nam	ie and title
I further agree of my duties, an document is bei corporation has	the appointment as registered agent ar to comply with the provisions of all stat and I am familiar with and accept the obling filed merely to reflect a change in the s been notified in writing of this change a Service Company	tutes relative to the proper an ligation of my position as reg ne registered office address, I	id complete performance –
By: Cl	M Lei	06/21/2021	
	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	, Asst. Vice President		
Т	yped or Printed Name		
	* * * FILING FI	EE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)