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(Re	questor's Name)	
	dress)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: January 13, 2021

Order#: 596880-162

Re: MWG BENEFITS, 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: Soraya Sariaslani

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.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation or er to change its registered office or reg	ganized under the la	ws of the State of	MS
1. The name of	the corporation: MWG BENEFITS, IN	C.		·
2. The principal	office address: 500 STEED ROAD R	IDGELAND, MS 391	157	
3. The mailing a	address (if different): PO BOX 14067	JACKSON, MS 392	236	
4. Date of incor	poration/qualification: 01/16/2007	Document	number: _F07000	000275
5. The name and	d street address of the current registere runent of State: (If resigned, enter resi	ed agent and registere		
	REGISTERED AGENT SOLUTION	IS, INC.		
	155 OFFICE PLAZA DR., SUITE A			_
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and	d /or registered of	Tice
	Corporation Service Company			_ <u>-</u>
	1201 Hays Street			_ 5
P.O. Box NO Facceptable				• •
	Tallahassee	FL	32301	- ::
as changed will				Times to
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	nted by its board of continued in writing of	lirectors or by an of the change.	officer so 52
χ	ie E agni	JILL CILMI, VIC		
Signatu	re of an officer or director		ed or typed name and t	itie
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the ang filed merely to reflect a change in been notified in writing of this change in Service Company	tatutes relative to the obligation of my posi- the registered office	this capacity. e proper and con ition as registere e address, I here	nplete performance d agent. Or, if this by confirm that the
By: Drace	Zekuble	01/13/2021		
Sign	nature of Registered Agent		Date	
If signing on be	half of an entity:			
GRACE E. KIRE	BY, ASST. VICE PRESIDENT			
Ty	yped or Printed Name			

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