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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/29/2024	
Name:	Patrice Rush	
Reference #	2476546	_
Entity Name	FRINGE BENEFI	T COORDINATORS, INC.
Article	es of Incorporation/Authorization	n to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other	ſ <u></u>	
Authorized A	Amount: \$35	<u> </u>
Signature:	(Past	



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☐ Conv	rersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other	r	
Authorized A	Amount: \$35	
Signature:	(Pattle	

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Flori organized under the laws of the State egistered agent, or both, in the State	of Florida
1. The name of t	he corporation: FRINGE	BENEFIT COORDINA	ATORS, INC.
2. The principal	office address: No Change		
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·
4. Date of incorp	poration/qualification: December	r 2, 1980 Document number:	F07422
	f street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on filesigned)	e with the
	Chamberla	ain, Steven M	
	752 E. Silver	r Springs Blvd.	_
	Ocala,	FL 34470	2024 SEC
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered	FIL. 2024 AUG 29 SECREPHA
	COGENCY GLOBA	L INC.	SSE T
	115 North Calhoun	St., Suite 4	8: 22 8: 741E E. FL
	Tallahassee, FL 32		
The street addre	ess of its registered office and the s be identical.	treet address of the business office of	of its registered agent.
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by en notified in writing of the change.	an officer so
Signatu	he of an officer or director	Winsten Ashurst Printed or typed name in	(EO
I further agree i performance of agent. Or, if the	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and and accept the obligation of my posi o reflect a change in the registered of fied in writing of this change.	ition as registered
/s/ Tim Mayville		08/29/2024	
Sign	nature of Registered Agent	Date	

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary Typed or Printed Name

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