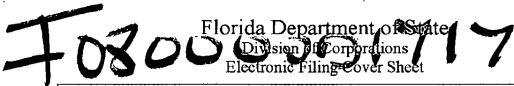
Fax: +1 (850) 6176380 Division of Corporations Page 2 of 5 11/17/2016 2:34 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000283299 3)))



H160002832993ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future.

annual report mailings. Enter only one email address please.**

Email Address: COA@RASI.COM

8 NOV 17 AM 8: 11

REGISTERED AGENT CHANGE LIFETIME BENEFIT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

<i>i.</i>					
Frame Dhillin Kasnall	Fax: (888) 724-8629	Ta:	Fax: +1 (850) 6176380	Dean 9 of E 11H7P018	2:34 Dag
From: Phillip Karnell	FBX: (688) 724-8029	H1600028	* *	Page 3 of 0 - 17/17/2010	2.54 FM
		□1000020	3299 S		
	the first of the second				
The state of the s					
		COVER	LETTER	San Control of the Control	
				the second of the second	
	TO: Amendment Sect Division of Corp	ion			
A Section of the second	ryivision of Coth	Olations			
			And the second second second		
	Life	time Benefit So	plutions. Inc		
	SUBJECT:				
		Traine of	Corporation		
		F08000001	717	The second second second	
	DOCUMENT NUMBER	R:			
	The enclosed Statement of	of Change of Registered Offi	and A project and fee areas	whenly ad for filing.	
	. The emotoson Statement e	or Charige of Registered Offi	cowkent min ice mes	annumention timils.	
	Please return all correspo	ndence concerning this matt	er to the following:		
	्रों के किया है। क ी	Allen	The second secon	and the second of the second of the second	Commission work of the stage of
		VIIELI	The state of the s	and the market of the second	
		Name of C	ontact Person		
		alatarad Aman			
	re Re	gistered Agen	t Solutions,	Inc.	
		Firm/C	ompany		
	470			^ ^ ·	Ling of great and artificial figures
		1 Directors Blv	va., Suite 31	00	
		Ad.	dress		
				` `	
The state of the state of	Au	stin, TX 78744			
	Note that we have the second to the second t	City/State a	ind Zip Code	 . < ; ` `	
		DA@RASI.CON	/	and the second section is a second section of	
		il address: (to be used for		notification	
		10 30 300		I Continue to 117	
	For further information co	oncerning this matter, please	Anlls		and the same of th
		meening this matter, prease			
	TJ Allen	and the same of	. 888 . 7	705-7274	
		Contact Person	ar ()_		
	Name of C	Comment Person	Alea Code & I	Daytime Telephone Nu	HOEL
	The same of the second second and the second	مراك والمواهرة وموراها والمداهية والمداعية			
	Enclosed is a \$35.00 chec	k made payable to the Depa	rtment of State		
					The contract of the contract o
		Iailing Address: Imendment Section	Street Add	ress:	**************************************
			Amendme		***,
Commence of the second		Division of Corporations		of Corporations	· · · · · · · · · · · · · · · · · · ·
		O. Box 6327	Clifton Bu		
	T	allahassee, FL 32314		outive Center Circle	
	The state of the s		Tallahasse	e, FL 32301 ·· ····· ··	· · · · · · · · · · · · · · · · · · ·
	Same for a survivar of the contract of				
	and and are a commenced to receive the second				
	CR2E045 (03/12)			······································	
	,, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ATTRICK TO A TOTAL OF THE PART AND THE			

To:

Fax: (888) 724-8629

Fax: +1 (850) 6176380

H16000283299 3

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Lifetime Benefit Solutions, Inc.
2. The principal office address: 115 CONTINUUM DRIVE, LIVERPOOL, NY 13088
a. The principal office bosioss.
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/16/2008 Document number: F08000001717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
NRAI SERVICES, INC
1200 South Pine Island Road
Plantation, FL 33324 ASS The prome and street address of the proper segistered agent (if changed) and (or reprinted office)
(if changed):
Registered Agent Solutions, Inc.
155 Office Plaza Dr. Suite A
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.
Thomas D. Cauthorn, President
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
11/17/2016 Signature of Registered Agent Date
If signing on behalf of an entity:
Phillip Karnell, Asst. Secretary
Typed or Printed Name
* * * 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 (03/12)