F120000006104

(Requestor's Name)				
(Address)				
(Address)				
(100.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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09/10/18--01017--013 **35.00

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C. GOLDEN SEP 1 3 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: September 6, 2018

Order#: 374463-003

Re: ADVANCED BENEFIT SOLUTIONS, 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: Ashley Jiminez 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	nge is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508, Floria pration organized under the laws of the State of fice or registered agent, or both, in the State of	of Michigan	
1. The name of t	he corporation: CIC - BENE	FIT CONSULTING GROUP, INC.		
		H MITCHELL ST, CADILLAC, MI 49601		
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 02/13/2012 Document number: F12000000664				
	street address of the current tment of State: (If resigned.	t registered agent and registered office on file enter resigned)	with the	
	THE STONER ORGANIZA	ATION, INC.		
	700 CENTRAL AVENUE, S	SUITE 301	2018 SEC	
	ST PETERSBURG, FL 337		2018 SEP 11 SECRE JAK	
6. The name and (if changed):	street address of the new re	egistered agent (if changed) and /or registered	ASSET IN	
	Corporation Service Comp	any	2: 1: STATI	
	1201 Hays Street			
	PO Box NOF acceptable			
	Tallahassee	FL 32301	_	
The street addre	ss of its registered office an he identical.	nd the street address of the business office of	`its registered agent,	
Such change wa authorized by th	s authorized by resolution of e board, or the corporation	duly adopted by its board of directors or by a has been notified in writing of the change.	n officer so	
adem C. Resol		Adam C. Reed- Exec Vice Pre	Adam C. Reed- Exec Vice Pres	
Signatur	e of an officer or director	Printed or typed name and	title	
I further agree to performatice of a gent. Or, if thi hereby confirm i	o comply with the provision my duties, and I am familia s document is being filed m	red agent and agree to act in this capacity, is of all statutes relative to the proper and car with and accept the obligation of my positiverely to reflect a change in the registered of an inotified in writing of this change.	on as registered	
	. Z-Kuble	09/04/2018		
Sign	iature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ту	ped or Printed Name	···-		

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

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