712000000 4371

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





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05/13/19--01050--004 +*35.00

10 KEY 13 CHILL 10

Ra Change



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: May 8, 2019

Order#: 725385-001

Re: BENEFITVISION, 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: Lindsey Baronie 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

19 HAY 19 BHILL 10

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

statement of ch	ange is submitted for a corporat	, 617.0302, 607.1308, or 617.1308, Ftorida Statutes, thi ion organized under the laws of the State of <u>L</u> or registered agent, or both, in the State of Florida.	<u> </u>	
	the corporation: BENEFITVISIO			
2. The principa	l office address: 4522 RFD LON	G GROVE, IL 60047-9735		
4. Date of incor	poration/qualification: 10/25/20	Document number: F12000004371		
	d street address of the current re artment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)		
	Barnett, Mitchell			
	1052 Willa Springs Drive			
	Winter Springs, FL 32708			
6. The name an (if changed):	-	tered agent (if changed) and /or registered office	19 HAY	NUSTON
	Corporation Service Company	/	17 3	
	1201 Hays Street		ري دد. م	CORPORATION
	P- Tallahassee	D. Box NOT acceptable FL 32301	=	OK P
The street addr as changed wil	ress of its registered office and t	he street address of the business office of its registered	ager	
Such change wauthorized by	as authorized by resolution dul- he board, or the corporation has	y adopted by its board of directors or by an officer so speen notified in writing of the change.		
X	je E. agni	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of fmy duties, and I am familiar w	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as register by to reflect a change in the registered office address, notified in writing of this change.	red I	
By: Ila	enature of Registered Agout	04/26/2019		
	chalf of an entity:	,,		
Grace E. Kirby	. Assistant Vice President			
	Typed or Printed Name	_		

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