Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H15000206409 3)))



H150002064093ABC.

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 : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

the email address for this business entity to be used for future fannual report mailings. Enter only one email address please.**

*	4	
٠	Email	Address:

REGISTERED AGENT CHANGE CWIBENEFITS, INC.

Halifer which are recommended to the country of the				
Certificate of Status	0			
Certified Copy	0			
Page Count	02			
Estimated Charge	\$35.00			

AUG 2 7 2015 C McNAIR 8/26/15, 3:19 PM H15000206409

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS				
100	OM OKA	11000	5 NG 2	
1. The name of the corporation is: CWIBenef	its, Inc.			
2. The principal office address: 715 CONGAI	REE ROAD		1 3 O	
GREENVILLE SC 29607			The F.	
3. The mailing address (if different): PO BO: GREENVILLE SC 29606	X 6125			
4. Date of incorporation/qualification: 1	/13/2014	Document Number:	F14000000201	
5. The name and street address of the current Florida Department of State:	registered ag	ent and registered office	on file with the	
NRAI SERVICES, INC				
1200 SOUTH PINE ISLAND ROAD		<u></u>		
6. The name and street address of the new reg (if changed): Corporate Creations Network		(if changed) and /or regi	stered office	
11380 Prosperity Farms Ros	ad #221E	······································		
(P.O. Box	Not acceptable)		<u> </u>	
Palm Beach Gardens FL 33 The street address of its registered office an		address of the business	office of its registeres	
agent, as changed will be identical.	d are street	addiess of the business of	office of its registered	
Such change was authorized by resolution authorized by the board, or the sorporation has (Signature of an officer or director)	is been notifi	by its board of directored in writing of the changory Gina Mulligan as Attorney- (Printed or Typed no	ge.	
I hereby accept the appointment as registered I further agree to comply with the provisi performance of my duties, and I am familiar agent. Or, if this document is being filed me hereby confirm that the corporation has been (Signature of Registered Agent)	l agent and a ons of all s with and acc crely to reflec	gree to act in this capaci tatutes relative to the p ept the obligation of my p ct a change in the registe	ty. roper and complete position as registered pred office address, I	
If signing on behalf of an entity:		(1,741)	-,	

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

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107

Gina Mullipan, Special Secretary
(Typed or Printed Name)