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~	To: Division of Fax Number	Corporations : (850)617-6380		2021 NOV SECRET				
	From: Account Name Account Numl Phone Fax Number	2 : BUSINESS FILINGS Der : 105256001620 : (608)827-5300 : (608)827-5501		HILEN IV 24 AH 8: 54 IV 25 STATE ASSEE. FLORIDA				
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:cathy@sbond-cpa.com							
-		GISTERED AGENT CH IARRY BENSON, LTD.						
	Certificate Certified Page Cou	Copy	0 0 02 \$35.00	NOV 2 9 2021				
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		H21000431518 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 <u>New York</u>							
		I. The name of the corporation: HARRY BENSON, LTD, INC.							
	2	. The principal office address: 12582 Mallet Circle	e, Wellington, Florida 33414			_			
	3	. The mailing address (if different):							
, i	4	Date of incorporation/qualification: 5/29/2015	Document num	Der: F15000002361		-			
		The name and street address of the current regis Florida Department of State: (If resigned, enter	stered agent and registered of						
		BUSINESS FILINGS INCORPORA	TED						
		1200 S PINE ISLAND RD	·····						
{		PLANTATION, FL 33324							
	6	. The name and street address of the new register (if changed):	ed agent (if changed) and /or	registered office	TALLAH	2021 HOV 24			
		Dian Benson	<u> </u>		ASS)V 2	FILED		
		12582 Mallet Circle			щ П	h VH	, 		
			Box. NOT acceptable				<u> </u>		
		Wellington, Florida 33414	<u> </u>	<u>. </u>	ORI	بي ت			
	T a	he succt address of its registered office and the s changed will be identical.	street address of the busines	s office of its registered ag	CILLE?	£			
	S	uch change was authorized by resolution duly a unforized by the board, or the corporation has b	dopted by its board of direct cen notified in writing of the	ors or by an officer so change.					
	_	(Any Separature of an otherer or director	Harry Benson, Presiden Primed or by	t ped name and title					
	J	hereby accept the appointment as registered ag further agree to comply with the provisions of a erformance of an duties, and I am familiar with gent. Or, if this document is being filed merely ereby confirm that the corporation has been no.	all statutes relative to the pro- cand accept the obligation of	per and complete I my position as registered					
	/-	DUALFERNAL	11-10-2	/	_				

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* * * 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)

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