F1500005到

| (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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| | | | | | |

Office Use Only



100332490371

08/05/19--31025--302 **05.00

AUG 10 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: August 1, 2019

Order#: 836941-007

Re: VIMLY 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.

X Issue Proof of Filing.

Please return evidence to the following:

Attn: Katie THOMAS 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

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

| statement of cha | provisions of sections 607.0502, 6 inge is submitted for a corporation ir to change its registered office on | n organized under the lo | iws of the State of _ | WASHINGTON |
|---|---|---|---|---|
| 1. The name of t | the corporation: VIMLY BENEFIT | SOLUTIONS, INC. | | |
| 2. The principal | office address: | | | |
| | address (if different): 6 MUKILTEO, WA 98275 | | | |
| 4. Date of incorp | poration/qualification: 12/14/2015 | | | 005511 |
| | I street address of the current regis timent of State: (If resigned, enter | | red office on file wi | ith the |
| | NATIONAL REGISTERED AGE | NTS, INC. | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | |
| | PLANTATION | FL | | 61 |
| 6. The name and (if changed): | street address of the new register | | | r = : |
| | Corporation Service Company | | ···· | |
| | 1201 Hays Street | | | 13 TH |
| | Tallahassee FL 32301 | | | |
| | | | | - |
| The street addre as changed will | ess of its registered office and the be identical. | street address of the bi | usiness office of its | s registered agent, |
| Such change wa authorized by th | is authorized by resolution duly a ne board, or the corporation has b | dopted by its board of een notified in writing | directors or by an of the change. | officer so |
| \sum_{i} | 2000 | Jill Cilmi, Vice | President | |
| I further agrie to performance of agent. Or, if thi hereby confirm | the appointment as registered as to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not n Service Company | ent and agree to act in all statutes relative to the and accept the obliga- to reflect a change in t | he proper and com tion of my position he revistered offic | plete as registered |
| | nature of Registered Agent | | Date | |
| If signing on bel | half of an entity: | | | |
| Grace E. Kirby, | Asst. Vice President | | | |
| Ty. | ped or Printed Name | IVI PPP #25 (III | | |
| | * * * FILIN | NG FEE: \$35.00 * * * | | |

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