

F1700000 1474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

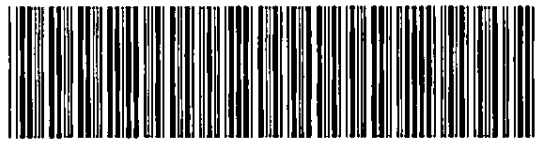
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

JQ 10/19/20

Patton Compliance
Insurance licensing compliance.
It's what we do.



3122 Mahan Drive, Suite 801-250
Tallahassee, FL 32308
Phone: 850.755.0626
E-mail: taylor@pattoncompliance.com

September 8, 2020

The Centre of Tallahassee
Attn: Amendment Section, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Staff Benefits Management, Inc.
FEIN # 81-1242192
Change of Registered Agent

To whom it may concern,

Enclosed, please find a completed Registered Agent change form.

Staff Benefits Management, Inc., authorizes Patton Compliance to represent its company and to correspond with your department on its behalf. Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,

Taylor Daniels

A handwritten signature in black ink that reads "Taylor Daniels". The signature is written in a cursive, flowing style.

Licensing Administrator

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Staff Benefits Management, Inc.
Name of Corporation

DOCUMENT NUMBER: F17000004474

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor Daniels

Name of Contact Person

Patton Compliance

Firm/Company

3122 Mahan Drive, Suite 801-250

Address

Tallahassee, FL 32308

City/State and Zip Code

Leslie@pattoncompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Short

Name of Contact Person

at (404) 644-5422

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Staff Benefits Management, Inc.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PARACORP INCORPORATED

155 OFFICE PLAZA DRIVE, 1ST FL

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

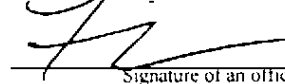
P.O. Box NOT acceptable

Tallahassee, FL 32301

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Frank Crivello, CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lindsey A. Eick, Asst VP

Signature of Registered Agent

8/13/2020

Date

If signing on behalf of an entity:

Lindsey A. Eick, Asst VP

Typed or Printed Name

*** 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 (04/13)