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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 552697 / 8373381

AUTHORIZATION : Open to the second se

COST LIMIT : \$ 35.00

ORDER DATE : March 15, 2022

ORDER TIME : 10:22 AM

ORDER NO. : 552697-010

CUSTOMER NO: 8373381

CHANGE OF AGENT

NAME: D&S BENEFIT CONSULTING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Alexxis Weiland

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

	provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ.			
in orde	r to change its registered office or registe	red agent, or bol	th, in the State of I	Florida.
1. The name of	the corporation: D&S Benefit Consulting,	Inc.		
	office address: 4 Main Street, 2nd Floor			
Peterborough,	· ·			
3. The mailing a	address (if different):			
4. Date of incom	poration/qualification: 12/18/2020	Document	number: <u>F20000</u>	005681
5. The name and Florida Depar	i street address of the current registered ag trnent of State: (If resigned, enter resigned	gent and registere d)	ed office on file w	ith the
	Bressler, Amery & Ross, P.C.			
	200 East Las Olas Boulevard, Suite 1500			7072)
	Fort Lauderdale, FL 33301			- 20
6. The name and (if changed):	street address of the new registered agen	t (if changed) and	d /or registered of	fice
	Corporation Service Company			.5
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL	32301	_
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the bu	siness office of it	s registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted to poard, or the corporation has been not	by its board of c ified in writing c	directors or by an of the change.	officer so
fleth site	Manual or director	Philippin	B. Heal	lie
document is beir corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. A Service Company	agree to act in tes relative to the sation of my post registered office	this capacity. e proper and com ition as registered e address, I hereb	plete performance I agent. Or, if this by confirm that the
3y: Wixyi	3 Weignd, assistant va president	3/16/2022		
•	nalf of an entity:		Date	
5-6	an or an entity.			
Ty	ped 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)