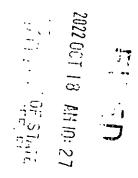
# F21000003015

(F	Requestor's Name)			
(/	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(8	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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2022 OCT 18 FH 3:35

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### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/18/2022	<i>⇔WALK D</i>
ENTITY NAME BENEF	IT AND COMPENSATION CONSULTANTS, INC.
DOCUMENT NUMBER_	F21000003015
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments  Certificate of Good Standing
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT	ON
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$ 35.00	ACCOUNT #: I20160000072
	ERTHO
Please call Tina at th	e above number for any issues or concerns. Thank you so much!

#### . COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Benefit and Compensation Consultants, Inc. Name of Corporation	
DOCUMENT NUMBER: F21000003015	
The enclosed Statement of Change of Registered Office	palA gapt and for are submitted for filing
Please return all correspondence concerning this matter	er to the following:
Brad C	
Name of Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
bcalix@harborcompliance.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	cail:
Brad C	,717 \210-5263
Name of Contact Person	at (717 )210-5263 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of $\frac{N_0}{N_0}$	ew York	<u></u>
	he corporation: Benefit and Compen			
2. The principal	office address: 297 Knollwood Road,	Suite 203, White Plains NY 10607		
	ddress (if different):			
4. Date of incorp	poration/qualification: 06/03/2021	Document number: F21000003	015	
	street address of the current registe tment of State: (If resigned, enter re	red agent and registered office on file with signed)	h the	
	VCORP SERVICES, LLC			
	1200 S PINE ISLAND ROAD			
	PLANTATION, FL 33324		: 20	
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered offic	2022 OCT 18	4 - 44 1 5 1 5
	Registered Agents Inc.			: 1
	7901 4th St N STE 300	<u> </u>	AH 10: 2	Charles of
	St. Petersburg F1. 33702	O. Box NOT acceptable	27 TE	
The street addreas changed will	ss of its registered office and the st be identical.	treet address of the business office of its	registered	d agent,
Such change wa authorized by th	is authorized by resolution duly adde board, or the corporation has been	opted by its board of directors or by an oren notified in writing of the change.	officer so	
/s/ Anthony		Anthony LaPorte		
I hereby accept I further agree of of my duties, an document is bei	e of an officer or director the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	Printed or typed name and title int and agree to act in this capacity. I statutes relative to the proper and comp is obligation of my position as registered in the registered office address, I hereby inge.		ormance or, if this that the
Bee Han	<b></b>	10/18/3033		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
_T;	ped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*