

3/2/23, 11:10 AM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120030000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE
BENEFIT & COMPENSATION CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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K. Brumblay

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BENEFIT & COMPENSATION CONSULTANTS, INC.

Name of Corporation

DOCUMENT NUMBER: F21000003015

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:

Anastasia Degroat

Name of Contact Person

Vcorp Agent Services, Inc.

Finn/Company

25 Robert Pitt Drive

Address

Monsey, NY, 10952

City/State and Zip Code

raservice@vcorservices.com

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

For further information concerning this matter, please call:

Anastasia Degroat

at (845) 4250077

Name of Contact Person

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

CR2E015-04/13)

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

1. The name of the corporation: BENEFIT & COMPENSATION CONSULTANTS, INC
2. The principal office address: 297 KNOLLWOOD ROAD SUITE 203
WHITE PLAINS, NY 10607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/03/2021 Document number: F21000003015
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)

Registered Agents Inc

7901 4TH ST N Ste 300

ST PETERSBURG, FL 33702

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

Vcorp Agent Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Richard Hymes
Signature of an officer or director

Richard Hymes, Member

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.

Vcorp Agent Services, Inc

By:

APL
Signature of Registered Agent

02/23/023

Date

If signing on behalf of an entity:

Anthony Palazzo

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)

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APPROVED
AND
FILED