

F21 0000007048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

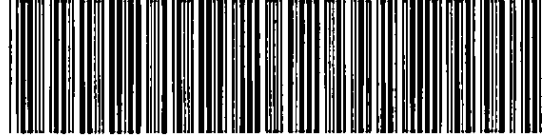
(Business Entity Name)

(Document Number)

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2022 JUN 29 PM 12 10  
CLERK OF COURT

A. RAMSEY  
OCT 20 2022

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2022

ANGELA FERRIS  
VISION BENEFITS OF AMERICA II, INC.  
400 LYDIA STREET, SUITE 300  
CARNEGIE, PA 15106

SUBJECT: VISION BENEFITS OF AMERICA II, INC.  
Ref. Number: F21000007048

We have received your document for VISION BENEFITS OF AMERICA II, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent can not be changed to the Chief Financial Officer.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 422A00021531

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vision Benefits of America II, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F21000007048

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:

Angela Ferris  
Name of Contact Person  
Vision Benefits of America II, Inc.  
Firm/Company  
400 Lydia Street, Suite 300  
Address  
Carnegie, PA 15106  
City/State and Zip Code  
aferris@vbaplans.com

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

For further information concerning this matter, please call:

Angela Ferris at (412) 881-4900, ext. 285  
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

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

1. The name of the corporation: Vision Benefits of America II, Inc.
2. The principal office address: 400 Lydia Street, Suite 300, Carnegie PA 15106
- \_\_\_\_\_
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 10/21/2009 Document number: F21000007048
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)

Corporation Service Company (CSC)

1201 Flays Street

Tallahassee, Fl. 32301

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

Florida Chief Financial Officer

200 East Gaines Street

P.O. Box NOT acceptable

Tallahassee, Florida 32399-4201

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

Jeff A. Hollowood, President

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.

Signature of Registered Agent

1245c

If signing on behalf of an entity:

Pursuant to Florida Statute 624.422(1)

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)