

L09000056894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. SAULSBERRY
EXAMINER

DEC 29 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seniors Choice Benefits Group LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL CARLSON
Name of Person

Seniors Choice Benefits Group LLC
Firm/Company

701 S. Howard Ave Ste 106-358
Address

Tampa, FL 33606
City/State and Zip Code

bgd9PAUL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL CARLSON at (317) 414-4728
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Seniors Choice Benefits Group LLC
2. (a) Principal office address of limited liability company: 701 S. Howard Ave

(Note: **MUST BE STREET ADDRESS**)

Ste 106-358
Tampa, FL 33606

- (b) Mailing address of limited liability company:

Same

(Note: **MAY BE POST OFFICE BOX**)

- June 11, 2009
3. Date of filing/registration in Florida

LO9000056894

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Agent:

Tommy Meadows

Registered Office Address:

5364 EHRlich Rd Ste 225
Tampa, FL 33624

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

PAUL CARLSON

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

701 S. Howard Ave
Ste 106-358
Tampa, FL 33606

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Tommy D. Meadows
Signature of a member or authorized representative of a member

Tommy D. Meadows
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tommy D. Meadows
Signature of Registered Agent

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

FILING FEE: \$25.00