

209000120177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/28/18 JCS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Benefits Technologies Division 7 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:

Dannielle Kinsey

Name of Person

Ben Tec

Firm/Company

1200 E Taft Ave

Address

Sapulpa, OK 74066

City/State and Zip Code

dkinsey@bentecworkplace.com

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

For further information concerning this matter, please call:

Dwight Pierce

Name of Person

at ( 918 ) 293-2002

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

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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 605.0114 or 605.0116, 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: Benefits Technologies Division 7 LLC

2. (a) 8833 Perimeter Park Blvd (b) 1200 E Taft Ave

Principal office address of limited liability company:  
Ste 1001 (Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32216

Sapulpa, OK 74066

3. 12-17-2009  
Date of filing/registration in Florida

4. LO9000120177  
Document number

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

8110 Cypress Plaza Dr.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 201

Jacksonville, FL 32256

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

8833 Perimeter Park Blvd  
**NEW Registered Office Address:**

Ste 1001

Jacksonville, FL 32216

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TALLAHASSEE, FLORIDA

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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.

[Signature]

Signature of a member or authorized representative of a member

Dwight Pierce

Printed or typed name of signee

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 605, 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.

[Signature]

Signature of Registered Agent