

L100005000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

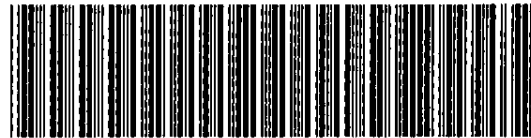
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JAN 31 2012

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01/30/12--01013--007 **25.00

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12 JAN 30 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BenePAY Florida, 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:

Kevin Hall (khal@benepayonline.com)

Name of Person

BenePAY Florida, LLC

Firm/Company

4900 Creekside Drive, Suite B

Address

Clearwater, Florida 33760

City/State and Zip Code

cyoung@benepayonline.com

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

For further information concerning this matter, please call:

Kevin Hall

Name of Person

at (727)

474-0885

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

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: BenePAY Florida, LLC

2. (a) Principal office address of limited liability company: 4900 Creekside Drive

(Note: MUST BE STREET ADDRESS)

Suite B
Clearwater, Florida 33760

(b) Mailing address of limited liability company: 4900 Creekside Drive

(Note: MAY BE POST OFFICE BOX)

Suite B
Clearwater, Florida 33760

5/7/2010
3. Date of filing/registration in Florida

L10000050010
4. Document number

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

Registered Agent: Casey Young

Registered Office Address: 902 Harbour House Drive
Indian Rocks Beach, Florida 33785

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

NEW Registered Agent: Kevin Hall

NEW Registered Office Address: 4900 Creekside Drive
(MUST BE FLORIDA STREET ADDRESS) Suite B
Clearwater, FL 33760

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.

Kevin Hall
Signature of a member or authorized representative of a member

Kevin Hall
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 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.

Kevin Hall
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
JAN 30 PM 3:27
TALLAHASSEE, FLORIDA
CLERK OF STATE