## L12000007884

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200262006162

07/14/14--01016--014 \*\*25.00

14 JUL I 4 PH 12: 13
SECRETARY OF STATE
AND ANALYSES FROM

JUL 1 4 2014

T. HAMPTON



July 11, 2014

Department of State
Att: Brenda Tadlock
Division of Corporations, Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS FOR BENSON ACQUISITION, LLC

Dear Ms. Tadlock,

CorpDirect Agents, Inc. provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: 515 E. Park Avenue, Tallahassee, FL 32301 to:

CorpDirect Agents, Inc. 1200 South Pine Island Road Plantation, Florida 33324

Enclosed is our check for \$25.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

National Registered Agents, Inc.

Marie Hauer, Manager Agent Services 111 8<sup>th</sup> Avenue, 13<sup>th</sup> Floor New York, NY 10011 <u>marie.hauer@wolterskluwer.com</u>

Fax: (631) 752-9200

Telephone: (631) 752-9100

## COVER LETTER

TO:	Registration Section
	Division of Corporation

Benson Acquisition, 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:

Marie Hauer

Name of Person

C T Corporation System

111 8th Avenue, 13th Floor

New York, NY 10011

marie.hauer@wolterskluwer.com

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

For further information concerning this matter, please call:

Marie Hauer

Name of Person

at (212 ) 894-8504

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. Nar	ne of the limited liability company: Berson Acquaition, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	9350 Conroy Windermere Road Winderemere, FL 34786
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9350 Conroy Windermere Road Winderemere, FL 34786
01/17/201	2	L12000007884
3. Dat	e of filing/registration in Florida	l. Document number
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
	Registered Agent:	CORPDIRECT AGENTS, INC
	Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE, FL 32301
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1200 South Pine Island Road Plantation, Florida 33324
	MOST BE TESTED TO TREET TIPERESS	,FL
confinant the methe op	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
	ostments, LLC, its Sole Member, by Thomas B. Youth, Manager or typed name of signee	-
I here compl and I Chapt addre	eby accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 605, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office that been notified in writing of this camage.
Signati	re of Registered Agent	AS.
	Division of Corporations, P.O. Box 63 FILING FEE: \$2	

INHS18 (05/08)