

L13000124565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

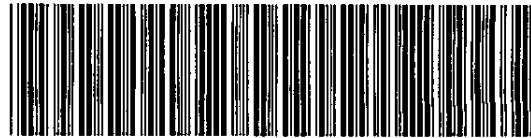
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 JAN 16 PM 4:06

JAN 21 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthben, 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:

Matt Jones

Name of Person

Healthben, LLC

Firm/Company

4361 NW 3 CT

Address

Coconut Creek, FL 33066

City/State and Zip Code

sunbiz@mattjones.com

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

For further information concerning this matter, please call:

Matt Jones

Name of Person

at (561) 865-6637

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

INHS18 (2/14)

☒ Check for \$35 already sent and deposited (see attached)

Please remit a return check for \$10.00 to Great Concepts Consulting, Inc
at same address



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2014

MATT JONES
HEALTHBEN, LLC
4361 NW 3 CT
COCONUT CREEK, FL 33066 US

SUBJECT: HEALTHBEN, LLC
Ref. Number: L13000124565

We have received your document for HEALTHBEN, LLC 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 form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00027051

**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: Healthben, LLC

2. (a) 4361 NW 3 CT (b) same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Coconut Creek, FL 33066

3. 4/30/14 4. L13000124565
Date of filing/registration in Florida Document number

5. (a) SPIEGEL & UTRERA, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1840 SW 22nd ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4th FLOOR
MIAMI, FL 33145, FL

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

4361 NW 3 CT
NEW Registered Office Address:

Coconut Creek, FL 33066

_____, FL _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 16 PM 4:06

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

Math Jones
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