

L17000001482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

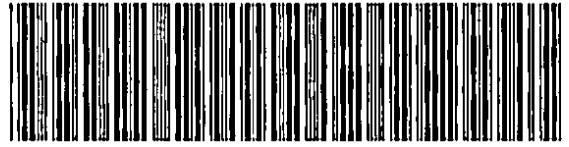
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

18 MAR -5 AM 9:49

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MAR 06 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2018

MONICA HIDALGO
TWO OAKWOOD BLVD STE 100
HOLLYWOOD, FL 33020

SUBJECT: SENIOR BENEFITS ONE LLC
Ref. Number: L17000001482

We have received your document for SENIOR BENEFITS ONE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 818A00003088

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Benefits One 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:

Michael Camilleri, Attorney in fact

Name of Person

Matrix Consulting LLC

Firm/Company

55 NE 5th Avenue Suite 502

Address

Boca Raton FL 33432

City/State and Zip Code

mcamilleri@mic.bz

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

For further information concerning this matter, please call:

Michael Camilleri, Attorney in fact

at (561)

910-1056

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

**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: Senior Benefits One LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2 Oakwood Blvd Suite 100
Hollywood FL 33020

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2 Oakwood Blvd Suite 100
Hollywood FL 33020

3. Jan 16, 2018 Date of filing/registration in Florida

4. L17000001482 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2 Oakwood Blvd Suite 100
Hollywood, FL 33020

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

Michael Camilleri, Attorney in fact
NEW Registered Office Address:
55 NE 5th Avenue Suite 502
Boca Raton, FL 33432

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

Michael Camilleri, Attorney in fact
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 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

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