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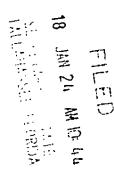
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(F	Requ es tor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Senior Benefits One LLC	
		Limited Liability Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
Micha	nel Camilleri, Attorney in fact	
	Name of Person	
Matrix	c Consulting LLC	
	Firm/Company	
55 NE	5th Avenue Suite 502	
	Address	
Воса	Raton FL 33432	
	City/State and Zip Code	
mcarr	nilleri@mic.bz	
Е	-mail address: (to be used for future annual r	eport notification)
For fur	ther information concerning this matter, plea	se call:
Micha	iel Camilleri, Attorney in fact	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 amo	ount:
	☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18	3 (2/14)	

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.

Floria				
1. N	ame of the limited liability company: Senior Bene	efits One	LLC	
2. (a)		C	b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of l	imited liability company: POST OFFICE BOX)
	2 Oakwood Blvd Suite 100		2 Oakwood Blvd Suite	100
	Hollywood FL 33020		Hollywood FL 33020	
	Jan 16, 2018		L17000001482	
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a	Registered Agent and Registered Office shown on the records		<u> </u>	
	Registered Agent and Registered Office shown on the records Steven Dorfman	of the Floric	da Dept. of State:	- 346 8
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES		
	2 Oakwood Blvd Suite 100			JAN 21 M 10 44
	Hollywood	FL_33020)	¥ E
				97 5
(b)	Enter name of NEW Registered Agent and/or NEW Register			
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	
	Michael Camilleri, Attorney in fact			
	NEW Registered Office Address:			
	55 NE 5th Avenue Suite 502			
	Boca Raton,	FL 33432	2	
the cl agent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the control of the con	laws of the reg I liability or rs of the lither lither the limited	ne State of Florida, it is hereb gistered office and the busine company, it is hereby confin imited liability company or a	ned that the change(s) s otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed	name of signee
_	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and complebiligations of my position as registered agent as provered reflect a change in the registered office address and in writing of this change.	agree to a ete perfor, ided for in , I hereby	nct in this capacity. I further mance of my duties, and I an 1 Chapter 605, F.S. Or, if th confirm that the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been
<u> </u>	ture of Registered Agent			
១នៃបន	une of vekucien usen			