M18 00000 6754

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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S. YOUNG,

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 18, 2020

Order#: 522862-041

Re: VOYA BENEFITS COMPANY, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

(a)	20 WASHINGTON AVE S	(b)	20 WASHINGTON AVE S
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MINNEAPOLIS, MN 55401	 	MINNEAPOLIS, MN 55401
	07/23/2018	М	и18000006754
	Date of filing/registration in Florida	4.	Document number
(a)	C T CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of th	e Florida D	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	
	PLANTATION 3		7629 DEC 2
	PLANTATION FL		
			<u>></u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice addr	ress:
	Corporation Service Company		7:08
	NEW Registered Office Address:		ω
	1201 Hays Street		
	Tallahassee .FL	32301	
ange ent w is/we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egistered ility com the limite mited lial	doffice and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
ovisie vobli mere	oy accept the appointment as registered agent and agree ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this change	erforman	ice of my duties, and I am familiar with and acce

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**