

# M19000003929

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

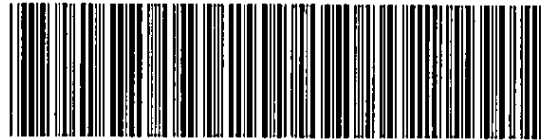
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAY -1 AM 11:15  
JALAMASSIE, FLORIDA

MAY 02 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2019

TERRI LECLERC  
BENCHMARK ADMINISTRATORS LLC  
5245 JENNIFER PLACE  
ORLANDO, FL 32807

SUBJECT: BENCHMARK ADMINISTRATORS  
Ref. Number: M19000003929

We have received your document for BENCHMARK ADMINISTRATORS and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 519A00008659

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Benchmark Administrators LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terri LeClerc  
Name of Person

Benchmark Administrators LLC  
Firm/Company

5245 Jennifer Place  
Address

Orlando, FL 32807  
City/State and Zip Code

tleclerc@benchmarkadministrators.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri LeClerc at ( 407 ) 717-0001  
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      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Benchmark Administrators LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000003929

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: \_\_\_\_\_

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Removing Alison LePore and adding Officers.

Title/Capacity                      Name                      Address                      Type of Action

MGIR      Alison LePore      875 Laramie Hwy #100      ☐ Add

Plantland, NJ 32751      ☒ Remove

President      David O'Rourke      7881 W. Charleston Blvd #310      ☒ Add

Las Vegas, NV 89117      ☐ Remove

Director      Andrew O'Brien      150 Lake Street West      ☒ Add

Waukegan, IL 55391      ☐ Remove

CFO      Julie Baron      150 Lake Street West      ☒ Add

Waukegan, IL 55391      ☐ Remove

V.P. of Claims      Arnold Clifton      430 N. Myland Ave #200      ☒ Add

Ontario, CA 91764      ☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

[Signature]  
Signature of the authorized representative

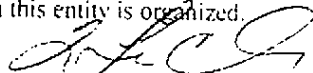
Terri Leckie  
Typed or printed name of signer

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Sr. VP</u>	<u>STEVEN NOVAK</u>	<u>150 LAKE STREET WEST</u>	<input checked="" type="checkbox"/> Add
		<u>Wauzata, MN 55391</u>	<input type="checkbox"/> Remove
<u>General Counsel</u>	<u>L. H. JOHNSON</u>	<u>150 LAKE STREET WEST</u>	<input checked="" type="checkbox"/> Add
		<u>Wauzata, MN 55391</u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Terri LeClair

Typed or printed name of signee