

P02000112435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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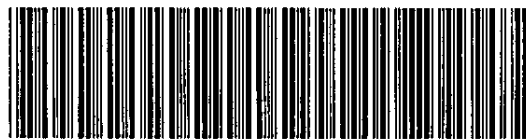
(Business Entity Name)

(Document Number)

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AUG 14 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Benefit Solutions in the Workplace  
Name of Corporation

**DOCUMENT NUMBER:** P02000112435

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vicki Barkley  
Name of Contact Person

Benefit Solutions in the Workplace  
Firm/Company

1272 NW 52<sup>ND</sup> Way  
Address

Deerfield Beach FL 33442  
City/State and Zip Code

Vicki @ Benefitsolution.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Barkley at 954 650-8984  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Benefit Solutions in the Workplace Inc.  
2. The principal office address: 2727 Eleanor Way  
Wellington FL 33414  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 10-18-2002 Document number: P02000112435

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mitchell Grudin  
2727 Eleanor Way  
Wellington FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Vicki Barkley  
1272 NW 5th Way  
Deerfield Beach FL 33442

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Mitchell GRUDIN  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Vicki Barkley  
Signature of Registered Agent

8-6-13  
Date

If signing on behalf of an entity:

VICKI BARKLEY  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*