

# P03000081859

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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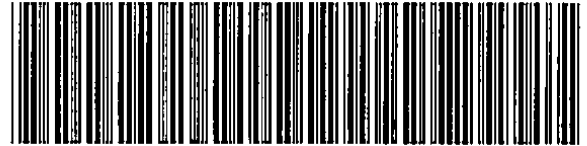
\_\_\_\_\_  
(Business Entity Name)

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

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FEDERAL BUREAU OF INVESTIGATION

EX-20 77

T SCHROEDER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Benfotiamine.Net, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P03000081859

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:

Debby Montgomery Johnson  
Name of Contact Person

Benfotiamine.Net, Inc  
Firm/Company

6586 Hypoluxo Rd, Suite 114  
Address

Lake Worth FL 33467  
City/State and Zip Code

info@benfotiamine.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debby Montgomery Johnson at ( 561 ) 512-0824  
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: Benfotiamine.Net, Inc
2. The principal office address: 6586 Hypoluxo Rd, Suite 114, Lake Worth FL 33467
3. The mailing address (if different): 6586 Hypoluxo Rd, Suite 114, Lake Worth FL 33467
4. Date of incorporation/qualification: 07/24/2003 Document number: P03000081859

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)

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, FL 33410

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

e-Council Inc.com, Inc

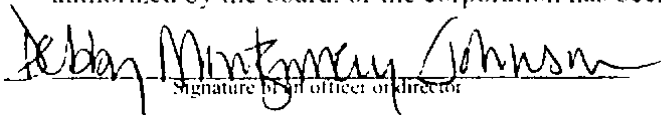
7050 West Palmetto Park Rd, Suite 15-322

P.O. Box NOT acceptable

Boca Raton FL 33433

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

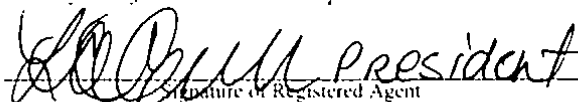
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Debby Montgomery Johnson

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.*

  
Signature of Registered Agent

6/25/19

Date

If signing on behalf of an entity:

Lauren Cohen, President, e-Council Inc.com, Inc.

Typed or Printed Name

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