

P08000073951

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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11 DEC -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
GRAVITY BENEFITS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

ENTER 12/9/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRAVITY BENEFITS, INC.
Name of Corporation

DOCUMENT NUMBER: P08000073951

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:

Matthew Moraski
Name of Contact Person

Gravity Benefits, Inc.
Firm/Company

9990 Coconut Rd, Suite 104
Address

Bonita Springs, FL 34135
City/State and Zip Code

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

For further information concerning this matter, please call:

Matthew Moroski at (239) 390-1269
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

CR2E045 (8/05)

**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: GRAVITY BENEFITS, INC.
2. The principal office address: 9990 COCONUT RD., SUITE 104, BONITA SPRINGS FL 34135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/07/2008 Document number: P08000073951

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)

NAPLES-LAWDOCK, INC.

1395 PANTHER LANE, SUITE 300

NAPLES, FL 34109 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 officer or director

Matthew Moraski, President

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.

By: C T Corporation System Rebecca Barth

Signature of Registered Agent

12/6/2011

Date

If signing on behalf of an entity:

Rebecca Barth, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
11 DEC -9 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA