

P100000044/23

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2010

ANGEL ECKERSON  
RELIABLE BENEFITS GROUP, INC.  
5561 NORTH WINSTON PARK BLVD #305  
COCONUT CREEK, FL 33073

SUBJECT: RELIABLE BENEFITS GROUP, INC.  
Ref. Number: P10000044123

We have received your document for RELIABLE BENEFITS GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 810A00019719

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reliable Benefits Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000044123

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:

Angel Eckerson  
Name of Contact Person

Reliable Benefits Group, Inc.  
Firm/Company

5561 North Winston Park Blvd. #305  
Address

Coconut Creek, FL 33073  
City/State and Zip Code

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

For further information concerning this matter, please call:

Angel Eckerson at ( 954 ) 638-6457  
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: Reliable Benefits Group, Inc.
2. The principal office address: 5561 North Winston Park Blvd. #305, Coconut Creek, FL 33073
3. The mailing address (if different): PO Box 670128, Coral Springs, FL 33067
4. Date of incorporation/qualification: 05/22/2010 Document number: P10000044123
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)

Jennifer Mayer

3903 NW 73rd Terrace

Coral Springs, FL 33065

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

Business Filings Incorporated

1203 Governors Square Blvd., Suite 101

P.O. Box NOT acceptable

Tallahassee, Florida 32301-2960

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.

Angel Eckerson, CEO  
Signature of an officer or director

Angel Eckerson, CEO  
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.*

Brenna Hutter Asst.  
Signature of Registered Agent

August 10, 2010

Date

If signing on behalf of an entity:

Business Filings Incorporated

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)

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