

PI2000027580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RO
7/27/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Discount Benefits Corp
Name of Corporation

DOCUMENT NUMBER: P12000027880

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:

Adam Rothman
Name of Contact Person

Discount Benefits Corp
Firm/Company

377 Woodbridge Ave
Address

Tarpon Springs 34689
City/State and Zip Code


E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam at (813) 957-3234
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Discount Benefits Corp
2. The principal office address: 377 Woodbridge Ave
Tarpon Springs FL 34689
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/21/12 Document number: P12000027580

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)

Ateam LLC
1860 N Fort Harrison Ave Unit 306
Clearwater FL 33755

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

377 Woodbridge Ave
Tarpon Springs FL 34689
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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.

Kernie Williamson
Signature of an officer or director

Kernie Williamson
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.

Kernie Williamson
Signature of Registered Agent

8/17/12
Date

If signing on behalf of an entity:

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 (03/12)