

6/7/2021

Division of Corporations

P12000059862

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
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To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -7 AM 8:05

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

Email Address: _____

REGISTERED AGENT CHANGE
SOLSTICE ADMINISTRATION SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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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: SOLSTICE ADMINISTRATION SERVICES, INC.

2. The principal office address: 7901 SW 6th CT, 400, Plantation, FL 33324

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/06/2012 Document number: P12060059862

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)

Solstice Benefits, Inc
7901 SW 6TH CT, 400
Plantation, FL 33324

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
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 of an officer or director: Todd Svoboda

Printed or typed name and title: Todd Svoboda, Secretary

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: Candee Pignataro
Signature of Registered Agent

06/03/2021
Date

If signing on behalf of an entity:

Candee Pignataro, Asst. 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 (04-13)