6/7/2021

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Division of Corporations

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Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

 \S^{\dagger} Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

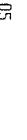
REGISTERED AGENT CHANGE SOLSTICE ADMINISTRATION SERVICES, INC.

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Help



From: James Tenks III

Ta: 18506176380

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of	···	
		or registered agent, or both, in the State of Florid	ж.	
		MINISTRATION SERVICES, INC.		_
2. The principal	office address: 7901 SW 6th CT,	400, Plantation, FL 33324		_
3. The mailing a	ddress (if different):			-
4. Date of incorp	ooration/qualification: 07/06/201	Document number: P1200005986.	2	
	I street address of the current regitment of State; (If resigned, ente	sistered agent and registered office on file with the resigned)	ie	
	Solstice Benefits, Inc			
	7901 SW 6TH CT, 400		=	
	Plantation, FL 33324		ALL.	9091
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ALLAHASSEE	= - <u>1</u>	
	C T Corporation System		귀성 폴	10 0
			,	
	P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its reg	gistered agen	ι,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	cer so	
	Jal Sectoda	Todd Svoboda, Secretary		
.,	re at an officer or director	Printed or typed name and title		
of my duties, an document is bei corporation has	a I am familiar with and accept ng filed merely to reflect a chai s been notified in writing of this	agent and agree to act in this capacity. fall statutes relative to the proper and complet t the obligation of my position as registered ag age in the registered office address, I hereby co change.	e performan ent. Or, if th infirm that th	ce is ic
C T Corporation	Cardu Brokus	06:03/2021		
Sig	initure of Fegistered Agent	Date		
If signing on be	half of an entity:			
Candice Pignatar	o, Asst. Secretary	_		
T	sped or Printed Name			
	* * * FIL	ING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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By: