

P13000048162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250301515

08/12/13--01006--012 **35.00

R. White

AUG 15 2013

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 PM 3:05

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BENJAMIN CAPITAL ADVISORS, INC
Name of Corporation

DOCUMENT NUMBER: P13000048162

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:

PAUL A. HENDERSON
Name of Contact Person

BENJAMIN CAPITAL ADVISORS, INC
Firm/Company

125 REMO PL
Address

PALM BEACH GARDENS, FL 33418
City/State and Zip Code

p-henderson@sbcbglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL A. HENDERSON at (586) 491-3777
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: BENJAMIN CAPITAL ADVISORS, INC
2. The principal office address: 127 REMO PL, PALM BEACH GARDENS, FL 33418
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/30/13 Document number: P13000048162
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)

PAUL A. HENDERSON

127 REMO PL

PALM BEACH GARDENS, FL 33418

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

PAUL A. HENDERSON

125 REMO PL

P.O. Box NOT acceptable

PALM BEACH GARDENS, FL 33418

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.

Paul A. Henderson
Signature of an officer or director

PAUL A. HENDERSON OFFICER
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.

Signature of Registered Agent

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)