P13000073566

(R	equestor's Name)			
(Ā	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #/	1		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
	J. HORNE APR 28 2022			
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04/07/22--01013--008 **35.00

FILED
2022 APR -7 AMII: 4.7
SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Norwood Benefit Services, Name of Corporation	Inc
DOCUMENT NUMBER: P13000073566	6
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sydney Grice Name of Contact Person	
Anderson Business Advisors Firm/Company	
3225 McLeod Dr Address	
Las Vegas, NV 89121 City/State and Zip Code	
<u>ra@andersonadvisor</u> E-mail address: (to be used for future annua	s.com I report notification)
For further information concerning this matter, p	please call:
Sydney Grice Name of Contact Person	at (800) 706-4741 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida S tion organized under the laws of the State of <u>F</u> tor registered agent, or both, in the State of F	Florida	
1. The name of	the corporation: Nerwood Be	enefit Services, Inc		
		BREEZE RD ORLANDO, FL 32810)	
3. The mailing address (if different): PO BOX 607332 ORLANDO, FL 32860				
4. Date of incor	poration/qualification: <u>9/6/20</u>	Document number: P13000	0073566	
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file witter resigned)	th the	
	NORWOOD, EUNICE	C	7. 2	
	6478 LONG BREEZE R	RD	7022 APR SECRE!	
	ORLANDO, FL 32810		SSS -	
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered offi	MII: 17	
	Anderson Registered A	Agents, Inc.	~ ~	
	_625_E_Twiggs_Street_3	Suite 110 P.O. Box NOT acceptable		
	Tampa, FL 33602			
The street address changed will	ess of its registered office and t be identical.	the street address of the business office of its	s registered agent,	
Such change was authorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an os been notified in writing of the change.	officer so	
Eunice C Norwood Fraction Control of Control of Participation Control of Cont		EUNICE C NORWOOD,	EUNICE C NORWOOD, President	
I hereby accept I further agree of my duties, an document is bei	to comply with the provisions a id I am familiar with and accei	agent and agree to act in this capacity, of all statutes relative to the proper and composition as registered inge in the registered office address, I herebs change.	plete performance Lavent Or if this	
		3/24/2022		
	mature of Registered Agent	Date		
_	chalf of an entity:			
	resident			
1	yped or Princed Same			

*** FILING FEE: \$35.00 * * *