## P16000064843

(Re	equestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Benefits Planning, Inc.

Name of Corporation

P16000064843

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:

Gregory C. Stuff

Name of Contact Person

Benefits Planning, Inc.

Firm/Company

285 Uptown Blvd., #601

Address

Altamonte Springs, FL 32701

City/State and Zip Code

gregstuff@bellsouth.net

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

For further information concerning this matter, please call:

Gregory C. Stuff

Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of change is s	rubmitted for a corporation organize	607.1508, or 617.1508, Florida Statutes, ed under the laws of the State of Florida ed agent, or both, in the State of Florida.	this
1. The name of the corp	oration: Benefits Planning, I	nc.	
2. The principal office a	285 Uptown Blvd., #	# 601, Altamonte Springs, FL	32701
<u> </u>			
3. The mailing address (	(if different):		
4. Date of incorporation	4/qualification: 08/01/2016	Document number: P16000064	843
	address of the current registered ager of State: (If resigned, enter resigned)	nt and registered office on file with the	
Greg	ory C. Stuff		
7005	Citrus Point Ct.		
Winte	er Park, FL 32792		• <u></u>
6. The name and street a (if changed):	address of the new registered agent (i	if changed) and /or registered office	SECRETARY
Greg	ory C. Stuff		C.J 17
285 เ	Uptown Blvd., #601		U OF STATE RPORATION
Altan	P.O. Box NOT accomposite Springs, FL 32701	eptable	대 등록 나 등
		<del></del>	_
The street address of its as changed will be iden	s registered office and the street addition.	dress of the business office of its registe	red agent.
Such change was author authorized by the board	rized by resolution duly adopted by Le or the corporation has been notified	its board of directors or by an officer sed in writing of the change.	0
(7Marcier C. 2	Gregory C. Stuff, President  Printed or typed name and title		
I hereby accept the app I further agree to comp performance of my duti- agent. Or, if this docum	pointment as registered agent and as ly with the provisions of all statutes les, and I am familiar with and acce	gree to act in this capacity. s relative to the proper and complete spt the obligation of my position as regi a charge in the registered office addres	stered ss, I
Cugou (	Eluf 0	03/27/2017	
Signature of R	VV	Date	
If signing on behalf of a	•		
Gregory C. Stuff			

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