

P22000008656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

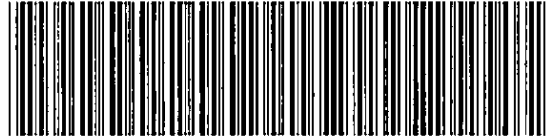
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2023 JUN 21 PM 3:33
JUN 21 2023
JUN 21 2023

JUN 28 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BENJAMIN SMITH INC.
Name of Corporation

DOCUMENT NUMBER: P22000008656

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:

ARIANNA CARRINGTON-HOOKER, EA

Name of Contact Person

INNOVATIVE TAX SOLUTIONS OF CENTRAL FL INC

Firm/Company

1678 E SILVER STAR RD

Address

OCOE FL 34761

City/State and Zip Code

INFO@ITSCFL.COM

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

For further information concerning this matter, please call:

ARIANNA CARRINGTON-HOOKER, EA

Name of Contact Person

at (407) 499-2967

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 SMITH INC.
2. The principal office address: 285 UPTOWN BLVD STE 104
ALTAMONTE SPRINGS, FL 32701

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/26/2022 Document number: P22000008656

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)

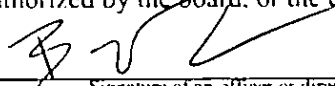
BENJAMIN L SMITH
285 UPTOWN BLVD STE 104
ALTAMONTE SPRINGS, FL 32701

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

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC
1678 E SILVER STAR RD
OCOE FL 34761
P.O. Box NOT acceptable

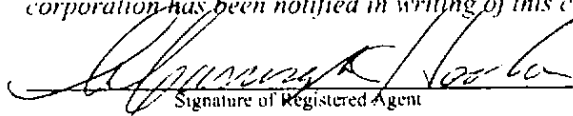
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

BENJAMIN L SMITH
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

MARCH 7, 2023
Date

If signing on behalf of an entity:

ARIANNA CARRINGTON-HOOKER
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)



1678 E Silver Star Rd Ocoee FL 34761

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CORPORATION OF THE STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2023

ARIANNA CARRINGTON-HOOKER, EA
1678 E SILVER STAR RD
OCOE, FL 34761

SUBJECT: BENJAMIN SMITH INC.
Ref. Number: P22000008656

We have received your document for BENJAMIN SMITH INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 523A00012503

2023 JUN 21 PM 3:17



1678 E Silver Star Rd Ocoee FL 34761

**Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**