

P22000056184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

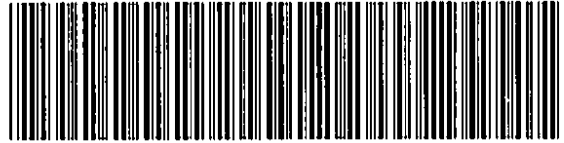
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 6 2023

02/07/23--01001--012 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL

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APR 12 2023

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beni Title, Inc.
Name of Corporation

DOCUMENT NUMBER: P22000056184

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:

Beverly Pascal
Name of Contact Person
Beni Title
Firm/Company
4801 S University Dr. Ste 259
Address
Davie, Fl 33328
City/State and Zip Code

benititle@outlook.com

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

For further information concerning this matter, please call:

Beverly Pascal at (321) 430-9921
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

**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: Beni Title, Inc.
2. The principal office address: 4801 S University Dr. Ste 259, Davie, FL 33328
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/12/2022 Document number: P22000056184
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)

Beverly Pascal

20200 W Dixie Hwy. Ste 902

Aventura, FL 33180

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

Beverly Pascal

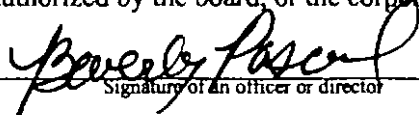
4801 S University Dr. Ste 259

P.O. Box NOT acceptable

Davie, FL 33328

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.

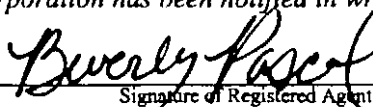


Signature of an officer or director

Beverly Pascal

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

02/02/2023

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 (04/13)

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TALLAHASSEE, FL