

P95000005114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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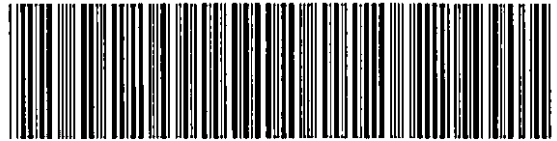
(Business Entity Name)

(Document Number)

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2018 JUN 14 PM 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2018

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K & P Benefits Consulting Group, Inc
Name of Corporation

DOCUMENT NUMBER: P 95000005114

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:

Kim Dittman
Name of Contact Person

K & P Benefits Consulting Group, Inc
Firm/Company

7020 Professional Pkwy E # 100
Address

Sarasota, FL 34240
City/State and Zip Code

Kdittman@kpins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Dittman at (941) 7533053
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: K & P Benefits Consulting Group, Inc.
2. The principal office address: 7020 Professional Pkwy E # 100
Sarasota, FL 34240
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/17/95 Document number: P95000005114

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)

Richard M. Pierro
7020 Professional Pkwy E # 100
Sarasota, FL 34240

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

Joshua E. Kitchner
7020 Professional Pkwy E # 100
Sarasota, FL 34240

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.

Richard M. Pierro
Signature of an officer or director

Richard M. Pierro - CEO
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]
Signature of Registered Agent

6/11/18
Date

If signing on behalf of an entity:

Joshua Kitchner
Typed or Printed Name

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