DOCUMENT # P95000073786

1. Entity Name

ACCELERATED BENEFITS CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 AM 11:46

000003010...

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1850 LEE ROAD STE 230 WINTER PARK FL 32789 US	1850 LEE ROAD STE 230 WINTER PARK FL 32789-2106 US

2. Principal Place of Business	3. Mailing Address
105 E. Robinson St.	P.O. Box 2953
Suite, Apt. #, etc.: Suite 222	Suite, Apt. #, etc.:
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32801 Country: Orange	Zip: 32801 Country: Orange

4. FEI Number: 59-3346525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMONDA, JESSE 1850 LEE RD STE 230 WINTER PARK FL 32789	Name: Jess LaMonda Street Address (P.O. Box Number is Not Acceptable): 105 E. Robinson St. Suite 222 City: Orlando FL Zip Code: 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMONDA, JES E 1850 LEE RD STE 230 WINTER PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jess LaMonda 105 E. Robinson St. Suite 222 Orlando,Fl 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LOMONDA, JES E 1850 LEE RD STE 230 WINTER APRK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Jess LaMonda 105 E. Robinson St. Suite 222 Orlando, Fl 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900031529?9--6 -03/01/00--01069--019 *****150.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2/23	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jess LaMonda, President (407)650-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #