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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	S TALLENT MAY 0 7 2018
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2018

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JESSICA ZEHR WETHERINGTON HAMILTON, PA 1010 NORTH FLORIDA AVE. TAMPA, FL 33602

SUBJECT: NATIONAL BENEFITS GROUP OF AMERICA, INC. Ref. Number: P97000006387

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 518A00008440

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www.sunbiz.org

Division of Comparations DO POV 6227 Tallahassas Florida 22214



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2018

JESSICA ZEHR WETHERINGTON HAMILTON, PA 1010 NORTH FLORIDA AVE. TAMPA, FL 33602

SUBJECT: NATIONAL BENEFITS GROUP OF AMERICA, INC. Ref. Number: P97000006387

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The registered agent must sign accepting the designation.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 218A00007413

APR 23 FH 2: RECEIVED

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: National Benefits Group of America, Inc.

Name of Corporation

DOCUMENT NUMBER: P9700006387

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:

Jessica Zehr Name of Contact Person	
Wetherington Hamilton, PA	
Firm/Company	
1010 North Florida Ave.	
Address	
Tampa, FL 33602	
City/State and Zip Code	
jessicaz@whhlaw.com	
E-mail address: (to be used for future annual repor	t notificat

For further information concerning this matter, please call:

Jessica Zehr

Name of Contact Person

813 **.225-1918**

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

CR2E045 (03/12)

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 $\underline{f} \underline{f} \underline{f} \underline{f}$ in order to change its registered office or registered agent, or both, in the State of Floridu.

1. The name of the corporation: National Benefits Group of America, Inc."

2. The principal office address: 3102 W. Waters Ave., Suite 103, Tampa, FL 33614

3. The mailing address (if different):___

4. Date of incorporation/qualification: 1/16/97 Document number: P97000006387

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)

David D. Brogan

3102 W. Waters Ave., Suite 103

Tampa, FL 33614

6. The name and street address of the new registered agent (if changed) and /or registered office 3 (if changed):

Wetherington Hamilton, PA

1010 North Florida Ave.

P.O. Box NOT acceptable

Tampa, FL 33602

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.

NOGA

David D. Brogan Printed or typed baloe and linte

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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 duites, 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.

ul Registered Agent

If signing on behalf of an entity:

David D. Brog

* * * 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 (03/12)