

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000059862

Entity Name: SOLSTICE INSURANCE ADMINISTRATION, INC.

Current Principal Place of Business:

7901 SW 6TH CT
400
PLANTATION, FL 33324

Current Mailing Address:

7901 SW 6TH CT
400
PLANTATION, FL 33324

FEI Number: 46-0729622

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOLSTICE BENEFITS, INC.
7901 SW 6TH CT
400
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, SECRETARY
Name FLAX, MICHAEL D
Address 7901 SW 6TH CT, STE 400
City-State-Zip: PLANTATION FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL FLAX

PRESIDENT

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date