2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2017
Secretary of State
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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: No

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 01/03/2017

Electronic Signature of Signing Officer/Director Detail — Date