## **2023 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F17000003400

**Entity Name: AXISPLUS BENEFITS CORPORATION** 

**Current Principal Place of Business:** 

860 EAST 9085 SOUTH SANDY, UT 84093

**Current Mailing Address:** 

860 EAST 9085 SOUTH SANDY. UT 84093 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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: ELLIOT SCRUGGS 10/27/2023

Electronic Signature of Registered Agent

Date

Date

TREASURER/DIRECTOR

FILED Oct 27, 2023

**Secretary of State** 

8291465655CR

Officer/Director Detail:

VICE CHAIRMAN, PRESIDENT Title Title VP, DIRECTOR SUNDBERG, JODEE SMITH, BARBARA Name Name 860 EAST 9085 SOUTH Address 860 EAST 9085 SOUTH Address City-State-Zip: **SANDY UT 84093 SANDY UT 84093** City-State-Zip:

Title PRESIDENT/DIRECTOR Title SECRETARY &

Name SMITH, BARBARA Name REX, SMITH

Address 860 EAST 9085 SOUTH Address 860 EAST 9085 SOUTH

City-State-Zip: SANDY UT 84093 City-State-Zip: SANDY UT 84093

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA SMITH PRESIDENT 10/27/2023