F15000001385

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	- Office Use Onl	у



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01/20/21--01002--014 **35.00



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: January 14, 2021

Order#: 614104-004

Re: HOWELL BENEFIT SERVICES, INC.

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 PA , in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation: HOWELL BENEFIT SERVICES, INC.

2. The principal office address: 613 BALTIMORE DRIVE WILKES-BARRE, PA 18702-7979

3. The mailing address (if different);

4. Date of incorporation/qualification: 03/30/2015 Document number: F15000001385

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)

	C T CORPORATION SYS	STEM		دن درت ـــــ	2021	
	1200 SOUTH PINE ISLAND ROAD		ECRE TALL	21 JAN	1	
	PLANTATION, FL 33324			TARY AHAS	N 20	4.73L39 4.73L39 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 The name and street address of the new registered agent (if changed) and /or registered office (if changed): 		SEE.) AM 9:			
	Corporation Service Comp	ралу		FL	1: 3 I	
	1201 Hays Street					
	P O Box NOT acceptable					
	Tallahassee	FL	32301			

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.

an officer of directo

Roger Howell, President

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 duties, 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. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

nace C. Kubi Bγ: Signature of Registered Agent

01/14/2021 Date

Printed or typed name and tille

If signing on behalf of an entity:

Grace E. Kirby, Assistant Vice President

Typed or Printed Name

* * * 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 (04/13)