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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*Kathy Dale X2959*

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TALLAHASSEE FLORIDA

REGISTERED AGENT CHANGE

COMPBENEFITS DENTAL AND VISION COMPANY

Certificate of Status	0
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Page Count	02
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TALLAHASSEE FLORIDA

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

- 1. The name of the corporation: COMPBENEFITS DENTAL AND VISION COMPANY
2. The principal office address: 100 Mansell Court E., Suite 400 Roswell, GA 30076
3. The mailing address (if different):

4. Date of incorporation/qualification: 08/17/1978 Document number: 582512

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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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.

Signature of an officer or director: Joan O. Lenahan

Joan O. Lenahan, V.P. & Secretary
(Printed or typed name and title)

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, I hereby confirm that the corporation has been notified in writing of this change.

By: Keyna Etter
(Corporation Service Company)
(Signature of Registered Agent)

11/29/07
(Date)

If signing on behalf of an entity:

Keyna Etter, Asst. Secretary
(Typed or Printed Name)

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