

8/3/22, 2:20 PM

Division of Corporations

835408

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FL
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 TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
 COMPBENEFITS INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

A. BUTLER
 AUG 4 2022

Electronic Filing Menu

Corporate Filing Menu

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

- 1. The name of the corporation: COMPBENEFITS INSURANCE COMPANY
- 2. The principal office address: 500 West Main Street, Louisville, KY 40202
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 05/24/1977 Document number: 838468
- 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)

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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

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

P.O. Box NOT acceptable

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 TALLAHASSEE, FL

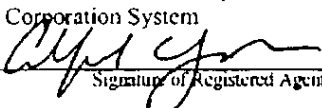
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Joe Davis, Vice President
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: 
Signature of Registered Agent

08/01/2022
Date

If signing on behalf of an agent:
Alfred Younan
Assistant Secretary
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