





115 N CALHOUN ST., STE. 4  
 TALLAHASSEE, FL 32301  
 P: 866.625.0838  
 F: 866.625.0839  
 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 04/29/2021

Name: Merritt Walker

Reference #: 1363488

Entity Name: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$35

Signature: *MW*

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

1. The name of the corporation: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

2. The principal office address: No Change

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: June 21, 2002 Document number: F02000003178

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)

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

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

COGENCY GLOBAL INC.  
115 North Calhoun St., Suite 4  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

2021 APR 29 AM 10:04

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.

/s/ Matthew Satovsky  
Signature of an officer or director

Matthew Satovsky General Counsel  
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.*

/s/ Tim Mayville  
Signature of Registered Agent

4/29/2021  
Date

If signing on behalf of an entity:

Tim Mayville, 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