

MO400001620

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000191954 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : CORPORATE CREATIONS CHICAGO, L.L.C
Account Number : 110450001334
Phone : (773)935-3920
Fax Number : (773)935-4020

REGISTERED AGENT CHANGE

AMERICA'S HEALTH CARE BENEFIT PLAN, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 04 08:27

FILED

SEP 24 2004 11:46 AM
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

MO4-1620
Q




-H04000191954 3

Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Pursuant to the provisions of section 608.416, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: *America's Health Care Benefit Plan, LLC*
2. The name and street address of the current registered agent and office:
CT Corporation System
1200 Pine Island Road
Plantation, FL 33324
3. The name and street address of the new registered agent and office: (P.O. Box Not Acceptable)
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410

Such change was authorized by affirmative vote of a majority of the members or as otherwise provided in the articles of organization or the regulations of the limited liability company.

By: 
 Michael Owens, Secretary
 by Benjamin Murphy as attorney-in-fact
 of America's Health Care Benefit Plan, Inc
 a member of America's Health Care Benefit Plan LLC

Date: 7/19/04

Having been named as registered agent and I accept service of process for the above stated limited liability company, 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.

By: 
 Corporate Creations Network Inc.
 Brian Fens - Vice President

Date: 7/21/2004

FILED
 AUG 2 11 8:27
 DEPT OF STATE
 TALLAHASSEE, FLORIDA

Corporate Creations Chicago L.L.C.
 3023 North Clark Street #318
 Chicago IL 60657
 (773) 935-3920

H04000191954 3

Copyright © 1993-2003 CC