

P96000037394

Requestor's Name

Comp & Benefit Advisors, Inc.

P.O. Box 19036
Jacksonville, FL 32245

300002142773--4
-04/14/97--01169--003
Office Use Only *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

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TALLAHASSEE FLORIDA

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- Pick up time _____
- Will wait
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- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS APR 21 1997

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation 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 corporation is: Comp E Benefit Advisors, Inc.

2. The mailing address of the corporation is: P.O. Box 19036 Jacksonville, FL 32245

3. Date of incorporation/qualification: 5-1-96 Document number: P9600003739

4. The name and address of the current registered agent and office: Thomas W. Tolbert 8874 Chambore Drive Jacksonville, FL 32256

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Thomas W. Tolbert 6295-R Powers Ave. Jacksonville, FL 32217

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.

Signature of an officer, chairman or vice chairman of the board: Thomas W. Tolbert Date: 4-10-97

Thomas W. Tolbert President (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Signature of Registered Agent: Thomas W. Tolbert Date: 4-10-97

If signing on behalf of an entity: Thomas W. Tolbert President (Typed or Printed Name) (Capacity)

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