

P96000037394

98 MAR -9 PM 2:53  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Comp & Benefit Advisors, Inc.  
9116 Cypress Green Drive  
Suite 109  
Jacksonville, FL 32256  
City/State/Zip Phone #

Office Use Only

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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- Walk in
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- Will wait
- Certified Copy
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- 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

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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

CORARACHG.  
RA Chg.

VS MAR 11 1998

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 17, 1998

COMP & BENEFIT ADVISORS, INC.  
9116 CYPRESS GREEN DR., STE. 109  
JACKSONVILLE, FL 32256

SUBJECT: COMP & BENEFIT ADVISORS, INC.  
Ref. Number: P96000037394

We have received your document for COMP & BENEFIT ADVISORS, INC..  
However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call  
(850) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 098A00008992

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98 MAR -9 AM 8:09  
DIVISION OF CORPORATIONS

*pd 2/25/98*  
~~98 MAR -9 AM 8:09~~ #1

RECEIVED  
98 MAR -2 PM 11:44  
DIVISION OF CORPORATIONS

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 & Benefit Advisors, Inc.

2. The mailing address of the corporation is: 9116 Cypress Green Drive, Suite 109 Jacksonville, FL 32256

3. Date of incorporation/qualification: 5-1-96 Document number: P96000037394

4. The name and address of the current registered agent and office: Thomas W. Tolbert 6295-R Powers Ave Jacksonville, FL 32217

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Thomas W. Tolbert 9116 Cypress Green Drive, Suite 109 Jacksonville, FL 32256

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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.

Thomas W. Tolbert 2/8/98 (Signature of an officer, chairman or vice chairman of the board) (Date)

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.

Thomas W. Tolbert 2/8/98 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Thomas W. Tolbert President (Typed or Printed Name) (Capacity)