406663

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EXAMINER



ACCOUNT NO. : 07210000032
REFERENCE : 805303 5024118
AUTHORIZATION: Spubble man
COST LIMIT : \$ 35.00
ORDER DATE: November 25, 2008
ORDER TIME : 1:29 PM
ORDER NO. : 805303-025
CUSTOMER NO: 5024118
CHANGE OF AGENT
NAME: HEALTHPLAN SERVICES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Cindy Harris EXT# 2937
EXAMINER:

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	·
1. The name of the corporation: HEALTHPLAN SERVICES, INC.	
2. The principal office address:	
3. The mailing address (if different): Attn: Legal Department, P.O. Box 30098, Tampa, FL 33630	
4. Date of incorporation/qualification: 08/10/1972 Document number: 406663	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
C T Corporation System	
1200 S. Pine Island Road	
Plantation, FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ud lay
Corporation Service Company	V IO
Corporation Service Company 1201 Hays Street (P.O. Box NOT acceptable)	
	RY
Tallahassee, FL 32301	当年
The street address of its registered office and the street address of the business office of its registered fige as changed will be identical.	nt Z
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.	A.
(Sympture of an efficer or director) Kathy L. Yetter, Attorney in Fact (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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if to document is being filed merely to reflect a change in the registered office address. I hereby confirm that to corporation has been notified in writing of this change.	nce his he
Corporation Service Company By: November 21, 2008 (Signature of Registered Agent) (Date)	_
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP (Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *