

# F00000005619

Florida Department of State  
Division of Corporations  
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## REGISTERED AGENT CHANGE

CBP TECHNOLOGIES, INC.

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CT CORPORATION

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Sections of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, which 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.

Corporation: Custom Benefit Programs, Inc.  
Office address: C/O IKA INSURANCE SERVICES CORP., 50 CALIFORNIA STREET, 24TH FL  
CO CA 94111

Address (if different): \_\_\_\_\_  
Incorporation/qualification: 09/15/2000 Document number: F00000003619

Full street address of the current registered agent and registered office on file with the Department of State:

Corporation Service Company  
1201 HAYS STREET  
TALLAHASSEE FL 32301 3525

Full street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System  
c/o CT Corporation System  
(P.O. Box or post office address NOT acceptable)  
1200 South Pine Island Road, Plantation, Florida 33324

Full street address of its registered office and full street address of the business office of its registered agent (if changed) will be identical.

This 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.

[Signature] (Printed or typed name and title)  
Bill Knox-Fallon, Assistant Secretary

I, the undersigned, as registered agent and agree to act in this capacity, I agree to comply with the provisions of all statutes relating to the proper and complete discharge of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System  
[Signature]  
 (Signature of Registered Agent)

December 27, 2004  
SHEILA CLARK  
 Assistant Secretary

If signing on behalf of an entity:

(Typed or Printed Name)

(Title)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
 DIVISION OF CORPORATIONS, P.O. BOX 4327, TALLAHASSEE, FL 32314

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