## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future wannual report mailings. Enter only one email address please.

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MAR 16 AM 8: 0(
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AHASSEE-FLORIB

## REGISTERED AGENT CHANGE JUSTICE BENEFITS, INC.

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

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

statement of char	provisions of sections 607.0502, 617.0502, age is submitted for a corporation organiz to change its registered office or register	ed under the laws of the State of Texas	, this	
1. The name of the	ne corporation: JUSTICE BENEFITS,	INC.		
2. The principal of DALLAS TX	office address: 2010 VALLEY VIEW	LANE, STE 300	,	
4. Date of incorp	poration/qualification: 3/20/2002	Document number: F02000001484		
5. The name and	street address of the current registered againent of State:			
	CT Corporation System			
1200 South 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):				
Corporation Service Company				
1201 Hays Street				
(P.O. Brix NOT acceptable)				
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	tered agent,	
Such change we authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	r so	
Dlanes Lozada, Attorney in Fact				
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change. tion Service Company	(Printed or typed name and filts)  I agree to act in this capacity, tes relative to the proper and complete p gation of my position as registered agen registered office address, I hereby conf	performance t. Or, if this firm that the	
By: A	There company	3/15/10		
61	gnature of (chistered Agent)	(Date)		
If signing on be	half of an entity:			
	Assistant Vice President			
0	Typed or Printed Name)			
	* * * FILING FE	E: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (8/05)