

F0300000271

7/19/2017

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 : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

REGISTERED AGENT CHANGE
ALWAYSCARE BENEFITS, INC.

Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge		\$35.00

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TALLAHASSEE, FLORIDA

17 JUL 19 AM 9:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS

M. MILLIGAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AlwaysCare Benefits, Inc.

Name of Corporation

DOCUMENT NUMBER: F03000000271

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attn: Janna Mullin - Law Dept. (7S730)

Name of Contact Person

Unum Group

Firm/Company

1 Fountain Square

Address

Chattanooga, TN 37402

City/State and Zip Code

lauriew@starmountlife.com

E-mail address: (to be used for future annual report notification)

title

For further information concerning this matter, please call:

Janna Mullin

Name of Contact Person

at (423) 294-4350

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 LOUISIANA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALWAYS CARE BENEFITS, INC.
2. The principal office address: 8485 GOODWOOD BLVD
BATON ROUGE LA 70806
3. The mailing address (if different): 8485 GOODWOOD BLVD
BATON ROUGE, LA 70806-7878
4. Date of incorporation/qualification: 01/14/2003 Document number: F03000000271

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

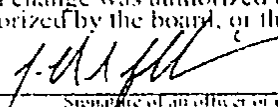
SANFORD, PAUL P
103 S. MONROE STREET
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

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, or the corporation has been notified in writing of the change.

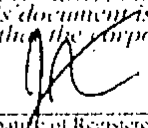


Signature of an officer or director

J. Paul Julianne, VP, Corporate Secretary

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
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

07/06/2017

Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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