

7/19/2017

**F0300000271**

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: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
ALWAYS CARE BENEFITS, INC.**

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

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

M. MILLIGAN

Electronic Filing Menu Corporate Filing Menu Help JUL 25 2017

**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

423 ) 294-4350

at (

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

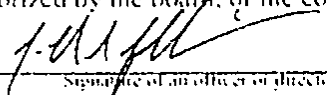
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
SANFORD, PAUL P  
103 S. MONROE STREET  
TALLAHASSEE, FL 32301

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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

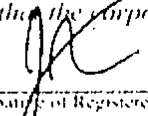
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 \*\*\*