

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 : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE KEYSTONE BENEFITS, INC.

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03-13-12

3/003 Fax Server

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Pennsylvania ered agent, or both, in the State of Florida.	
1 The name of t	the corporation: Keystone Benefits, In-	c.	
2. The principal	office address: 680 Andersen Drive, 1	10 Foster Plaza, Pittsburgh, PA 15220	_
3. The mailing a	ddress (if different):		_
4. Date of incorp	poration/qualification: 08/12/2004	Document number: F04000004644	-
	street address of the current registered ag tment of State:	gent and registered office on file with the	
	T.N. Murphy, Jr.		
	980 N. Federal Highway, Suite 410	12 HAR	
	Boca Raton, FL 33432	ω [
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office: بي المائة المائ	
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Bux NOT acceptable) Tallahassee, FL 32301		
The street addre		address of the business office of its registered agent,	
as changed will	be identical,		
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.	
	decore	Executive Vice President & Secretary	
I hereby accept i I further agrée to of my duties, and document is beir corporation has	the appointment as registered agent and be comply with the provisions of all statud I am familiar with and accept the oblig filed merely to reflect a change in the been notified in writing of this change.	(Privided or typed name and bile) I agree to act in this capacity, ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: Bel	in Scrvice Company Key Pelitice—	03/13/2012 (Date)	
If signing on och	nau or an entity:		
	Assistant Vice President (pod or Printed Name)		

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