

From:

Division of Corporations

12/07/2005 14:21 #008 001 02

Page 1 of 1

F0500000691

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

HEALTH BENEFITS DIRECT CORPORATION

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

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From:

12/07/2005 14:22 #008 P.002/002

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

1. The name of the corporation:

Health Benefits Direct Corporation

2. The principal office address:

2900 Gateway Drive Pompano Beach FL 33069

3. The mailing address (if different):

4. Date of incorporation/qualification: November 29, 2005 Document number: F05000006913

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

National Corporate Research, Ltd., Inc.

103 N. Meridian Street

Tallahassee FL 32301

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

National Corporate Research, Ltd., Inc.

515 East Park Avenue

(P.O. Box NOT acceptable)

Tallahassee Florida 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)

(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.

Ann Marie Cummins

(Signature of Registered Agent)

12/6/05

(Date)

If signing on behalf of an entity:

(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

CR2E045 (8/05)

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