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R.A. Charge

EXAMINER

EXAMINE

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CCONFLIERTE



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE: 093226

AUTHORIZATION : (

COST LIMIT : \$ 35.00

ORDER DATE: August 11, 2009

ORDER TIME : 9:16 AM

ORDER NO. : 093226-196

CUSTOMER NO: 7408659

CHANGE OF AGENT

NAME: BENEFIT PARTNERS-ALLIANT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Delaware represented to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: BENEFIT PARTNERS-ALLIANT, INC.
2. The principal 9901 Bus	office address:iness Parkway, Suite B, Lanham, MD 20706
3. The mailing a	ddress (if different):
4. Date of incom	poration/qualification: 07/30/2007 Document number: F07000003830
	I street address of the current registered agent and registered office on file with the trment of State:
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	Weston, FL 33331 8 9 9 9 9
6. The name and (if changed):	Weston, FL 33331 Street address of the new registered agent (if changed) and /or registered office Corporation Service Company 1201 Hays Street (P.O. Box NOT acceptable)
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
_	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Mous (Signatu	Maureen Cullen, Attorney in fact (Printed or typed name and title)
I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. ion Service Gompany
By: V C	August 18, 2009
(Sig	mature of Registered Agent) (Date)
If signing on bel	half of an entity:
	Vannoy, Asst. VP
`	* * * 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)