

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

DISSOLUTION OR WITHDRAWAL KEY INSURANCE & BENEFITS SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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LLAHASSEE, FLORIDA

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Corporate Filing Menu

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C. GOLDEN MAY 1 5 2018

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| appoint | rporation revokes the authority of its re s the Department of State as its agent for tit was authorized to transact business or | r service of process based | | |
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| The foll | owing is a current mailing address for th | e corporation: | | |
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| | 100 Summit Lake Drive, Suite 400 | | The Market Control of the Control of | |
| | | Mailing Address) | | - |
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| | Vaihalia, NY 10595 | | ************************************** | |
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| The cor | poration agrees to notify the Department | of State in the future of any | change in its mailing ad | dress. |
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| | Sol-1-100 | | 5/14/2010 | |
| | Signature of a director, president or other officer - if i receiver or other court appointed fiduciary, by that if | the hands of a | (Dale) | |
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FILING FEE \$35

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