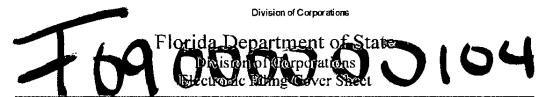
12/29/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000317999 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

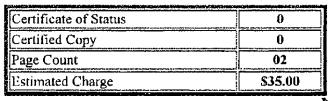
Phone Fax Number

: (954)208-0845

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

Emaıl	Address:			

REGISTERED AGENT CHANGE CAPACITY BENEFITS GROUP, INC.



Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of c	hange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi poration organized under the laws of the State of <mark>NI</mark> office or registered agent, or both, in the State of Florida.	's 						
1. The name o	f the corporation: Capacity Be	enefits Group, Inc.							
2. The principa	The principal office address: ONEINTERNATIONALBOULEVARD								
MAHWAH	·								
3. The mailing	; address (if different):								
4. Date of incorporation/qualification: 1/7/2009 Document number: F09000000104									
	nd street address of the curre partment of State:(If resigned	ent registered agent and registered office on file with the	2016						
	HATCH, JOHNDESQ	25- 365 25- 365 25- 365							
	1267BERKSHIRELANE	STE200, TARPONSPRINGS, FL34688							
6. The name a (if changed)		registered agent (if changed) and /or registered office	∷ 3: 4 8						
c/oCTCorporationSystem,1200SouthPineIslandRoad									
	P.O. Box NOT acceptable								
The street add as changed wi	ress of its registered office a	and the street address of the business office of its registered	l agent,						
Such change vauthorized by	vas authorized by resolution the board, or the corporatio	duly adopted by its board of directors or by an officer so in has been notified in writing of the change.							
	nise Bell	DeniseBell, VicePresident							
I hereby accept further agree performance agree agree . Or, if t	nis aocument is being filea i	Printed or typed issine and title ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as register merely to reflect a change in the registered office address, seen notified in writing of this change.	 red I						
By: (TiCo	orpostion system	12/27/2016							
	ignature of Registered Agent	Date							
If signing on b	ochalf of an entity:								
James M.									
Assistant Se	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, FL32314 CR2E045 (03/12)