

Requestor's Name	
F930000000921	
City/State/Zip	Phone #
Office Use Only	

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-06/20/97--01076--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

F93000000921  
 RACH  
 3P8  
 6-17-97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 2, 1997

GROUP MANAGEMENT SERVICES, INC.  
90 AVON MEADOW LANE  
AVON, CT 06001-3774

SUBJECT: GROUP MANAGEMENT SERVICES, INC.  
Ref. Number: F93000000921

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 297A00029740

ORDERED CHECK  
FOR \$35.00  
6/9/97

CHECK \$35.00  
ENCLOSED

*[Signature]*  
6/10/97

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Washington submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Group Management Services, Inc.

2. The mailing address of the corporation is: 3400 - 188th Street, S.W.  
Lynnwood, WA 98037

3. Date of incorporation/qualification: 9/26/85 Document number: 1802 085-092

4. The name and address of the current registered agent and office:

Insurance Commissioner  
Florida Department of Insurance

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 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.

✓ Gary Corliss 5/16/97  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Gary Corliss, Senior Vice President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Merry Wheeler 5/12/97  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Merry Wheeler AVP  
(Typed or Printed Name) (Capacity)