7/8/2019



## Florida Department of State

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## REGISTERED AGENT CHANGE HEALTHSMART BENEFIT SOLUTIONS, INC.

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UL O 9 2019

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

statement of cha	inge is submitted f	or a corporation o	.0502, 607.1598, or rganized under the la gistered agent, or be	aws of the State of	П.
			NEFIT SOLUTIONS,		
2. The principal	office address;		RVING, TX 75039		
3. The mailing a	ddress (if differen	H):			***************************************
4. Date of incorp	poration/qualificat	ion: 12/04/1996	Document	1 mumber:F960000	006312
		the current register fresigned, enter res	red agent and register signed)	red office on file w	rith the
	CORPORATION	SERVICE COMPA	NY		
	1201 HAYS STRU	EET TALLAHASSI	EE, FL 32301-2525		1 B .
6. The name and (if changed):		the new registered	ugeni (if changed) ai		Mice 2
	Plantation, Florid:		NOT acceptable		• -
The street addre	ess of its registere be identical.	d office and the st	reet address of the b	usiness office of i	ts registered agent,
Such change wa authorized by th	is authorized by r ie board, or the co	esolution duly ado orporation has been	pted by its board of a notified in writing	directors or by an of the change.	officer so
Jeren	e Wilson		Jeanne Nelson	Vice President	
l hereby accept I further agree t performance of agent. Or, if thi hereby confirm	to comply with the my duties, and I c is document is bei	as registered agen provisions of all im familiar with a ing filed merely to	t and agree to act in stances relative to a nd accept the obliga reflect a change in a red in writing of this	he proper and con tion of my position he registered offic	nplete n as revistered
By: Liffed	gn		7/5/2019		
If signing on be	half of an entity:	Alfred	l Younan t Secretary	Такс	
Ty	sped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*

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