F97000002197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Gonzalez NOV 26 2003

NATIONAL SERVICE INFORMATION, INC.
www.nsii.net

To whom it may concern:

Please file the enclosed change of agent documents. Please return the stamped received copies to the address provided below:

NSI
145 Baker Street
Marion, OH 43301
Attn: Travis Pinkstaff

Should you have any questions please fee free to contact me directly at 800 235 0337 ext. 113. Thank you for your time.

Best Regards,

Travis Pinkstaff
National Service Information

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 14, 2003

NSI
TRAVIS PINKSTAFF
145 BAKER ST.
MARION, OH 43301

SUBJECT: SYKES HEALTHPLAN SERVICE BUREAU, INC.
Ref. Number: F97000002197

We have received your document for SYKES HEALTHPLAN SERVICE BUREAU, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the incorrect form to change your registered. I have enclosed the correct form for you to use.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 903A00061941

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03 NOV 26 PM 1:56
DIVISION OF CORPORATIONS

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, this statement of change is submitted for a corporation organized under the laws of the State of KY *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Sykes Healthplan Service Bureau, Inc.

2. The principal office address: 11405 Bluegrass Parkway Louisville, KY 40299

3. The mailing address (if different):

4. Date of incorporation/qualification: 4/25/1997 Document number: 611169763

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

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, or the corporation has been notified in writing of the change.

David P. Haick
(Signature of an officer or director)

David P. Haick Secretary
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.
by: Travis Pinkstaff
(Signature of Registered Agent)

11/24/03
(Date)

If signing on behalf of an entity:

Travis Pinkstaff
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314