

F97000002382



**CORPORATE BENEFIT
SERVICES OF AMERICA, INC.**
10159 Wayzata Boulevard
Minnetonka, MN 55305-1503

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) **400003340714--5**
-07/31/00--01118--012
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy |
| | | <input type="checkbox"/> Certificate of Status |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 JUL 31 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEWIS AUG 3 2000

Examiner's Initials

**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 Minnesota 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: Corporate Benefit Services of America, Inc.

2. The mailing address of the corporation is: 10159 Wayzata Blvd.
Minnetonka, MN 55305-1503

3. Date of incorporation/qualification: May 6, 1997 Document number: F97-2382

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

Thomas W. Kellin
11216 Windrush Circle
Hudson, FL 34667

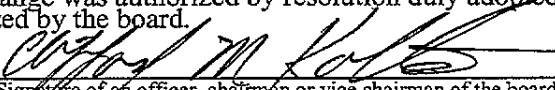
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Timothy R. Barber
3965 Henderson Blvd.
Tampa, FL 33629-5015

FILED
00 JUL 31 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

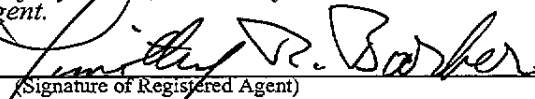
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

7/19/00
(Date)

Clifford M. Koltes, 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.


(Signature of Registered Agent)

7-25-00
(Date)

If signing on behalf of an entity:

Timothy R. Barber
(Typed or Printed Name)

Director
(Capacity)

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