

12/09/2016 12/09/2016 (FAX) P:001/003
 12/9/2016
 F9700002394
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H16000301836 3)))



H160003018363ABC

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : PARANEY CORPORATION SERVICES, INC.
 Account Number : 120090000069
 Phone : (800)277-9977
 Fax Number : (800)815-0477

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

Email Address: RKERRIS@EBIX.COM

2016 DEC -9 AM 8:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

REGISTERED AGENT CHANGE

EBIX HEALTH ADMINISTRATION EXCHANGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA/RO/chg

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EBIX HEALTH ADMINISTRATION EXCHANGE, INC.

Name of Corporation

DOCUMENT NUMBER: F97000002394

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT KERRIS

Name of Contact Person

EBIX HEALTH ADMINISTRATION EXCHANGE, INC.

Firm/Company

1 EBIX WAY,

Address

JOHNS CREEK, GA 30097

City/State and Zip Code

RKERRIS@EBIX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE LEIBA-PAUL

Name of Contact Person

at **800 277-9977**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

(((H16000301836 3)))

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**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 INDIANA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EBIX HEALTH ADMINISTRATION EXCHANGE, INC.
2. The principal office address: 2101 WEST PEORIA AVENUE, SUITE 100, PHOENIX, AZ 85029
3. The mailing address (if different): 485 MADISON AVENUE, 14TH FLOOR, NEW YORK, NY 10022
4. Date of incorporation/qualification: 05/05/1997 Document number: F97000002394
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

NRAI SERVICES, INC.


1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

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

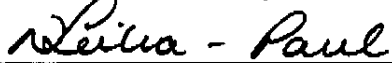
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of officer or director

ROBERT KERRIS - EVP, CHIEF FINANCIAL OFFICER & CORPORATE 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.


Signature of Registered Agent

12/09/2016
Date

If signing on behalf of an entity:

NATALIE LEIBA-PAUL - ASSISTANT SECRETARY

Typed or Printed Name

(((H16000301836 3)))

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

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

CR2E045 (03/12)

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