

Division of Corporations

F99 Florida Department of State  
 Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
 Account Number : PCA000000023  
 Phone : (954) 208-0845  
 Fax Number : (614) 573-3996

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

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## REGISTERED AGENT CHANGE

## GALLAGHER BENEFIT SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GALLAGHER BENEFIT SERVICES, INC.
2. The principal office address: 2850 Golf Road, Rolling Meadows, IL 60008-4050
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/09/1999 Document number: F99000006362
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)

CORPORATION SERVICE COMPANY

1201 HAY'S STREET

TALLAHASSEE, FL 32301

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 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.

/s/DONNA JENNER

Signature of an officer or director

DONNA JENNER, 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.*

C T Corporation System

By:

Signature of Registered Agent

11/01/2022

Date

If signing on behalf of an entity:

JOE DAVIS, ASST. SECRETARY

Typed or Printed Name

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

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

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