

L02000005407

C. Ted French  
Attorney at Law

2033 Main Street, Suite 304  
Sarasota, Florida 34237

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

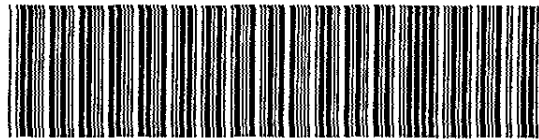
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04 FEB 19 AM 9:05  
TALLAHASSEE, FLORIDA

## STATEMENT OF CHANGE OF REGISTERED AGENT

PURSUANT TO SECTION 608.416 FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED AGENT:

1. **BENEFIT AGENCY ASSOCIATES, LLC**  
(NAME OF BUSINESS ORGANIZATION)
2. 3/7/2002 3. LO2000005407 4. 45-0468818  
(Florida registration date) (Florida document number) (FEI Number, if applicable)

5. **5126 SAN JOSE STREET, TAMPA, FLORIDA 33629**  
(Principal Office Address)

6. Name and address of registered agent and office currently on record with this office:

**BARRY RUSCHE**  
**5126 SAN JOSE STREET**  
**TAMPA, FLORIDA 33629**

7. New registered agent and/or office address:

**BARBARA CORBETT**  
**2662 DICK WILSON DRIVE**  
**SARASOTA, FLORIDA 34240**

8. The street address of the registered office and the street address of the business office of the registered agent are identical.

9. Such change was authorized by the board of directors or an office of the corporation so authorized by the board of directors.

10. Barbara Corbett  
(Signature of chairman, vice chairman, or officer)

11. **BARBARA CORBETT**, Barbara Corbett (Title)  
(Name and capacity of person signing in number 10 above) **PRESIDENT**

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Barbara Corbett  
(Registered agent accepting appointment)

2-13-04  
(Date)

**FILING FEE: \$25.00**


**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

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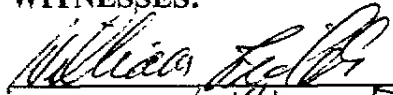
**ASSIGNMENT**


I, Barry Rusche do herein assign to Barbara M. Corbett all of my right, title and interest in any shares, equity position and any and all membership interest I may hold in Benefit Agency Associates, LLC. I do herein warrant or represent that I have made no pledges or agreements on behalf of Benefit Agency Associates, LLC which would be detrimental to it or to my Assignee, Barbara M. Corbett.

IN WITNESS WHEREOF, I have set my hand and seal this 20<sup>th</sup> day of January, 2004.

  
Barry Rusche

**WITNESSES:**

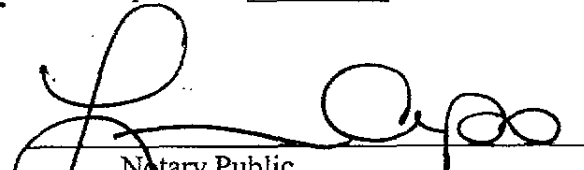
  
Print Name: William Field

  
Print Name: Benjamin Bocher

**STATE OF FLORIDA**

**COUNTY OF SARASOTA**

The foregoing instrument was acknowledged before me this 20 day of January, 2004, by Barry Rusche, who is personally known to me or has produced \_\_\_\_\_ as identification \_\_\_\_\_.

  
Notary Public

