

# LD3000011679

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

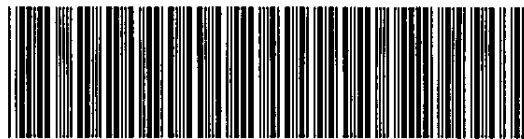
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2014 FEB -6 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan FEB 10 2014



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker cmasker@cscinfo.com

Date: February 4, 2014

Order#: 990707/001

Re: HEALTH PLAN INTERMEDIARIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn: Christopher Masker  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: HEALTH PLAN INTERMEDIARIES, LLC

2. (a) Principal office address of limited liability company: 15438 N Florida Ave, Suite 201  
Tampa, FL 33613  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 218 E Bearss Avenue, Suite 325  
Tampa, FL 33613  
**(Note: MAY BE POST OFFICE BOX)**

04/01/2003

3. Date of filing/registration in Florida

L03000011679

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Michael Kosloske

Registered Office Address: 218 E Bearss Avenue, Suite 325  
Tampa, FL 33613

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
**(MUST BE FLORIDA STREET ADDRESS)**  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

M. Kosloske  
Signature of a member or authorized representative of a member

Michael W. Kosloske

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sylvia Queppet  
Signature of Registered Agent

Corporation Service Company Sylvia Queppet, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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