

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000042677

FILED
Mar 22, 2011
Secretary of State

Entity Name: BENEFITS NOW, LLC

Current Principal Place of Business:

931 NORTH STATE ROAD 434
SUITE 1201/339
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

452 OSCEOLA ST
212
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

931 NORTH STATE ROAD 434
SUITE 1201/339
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

P O BOX 916 857
LONGWOOD, FL 32791

FEI Number: 06-1712772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKRELL, ASHBY U
929 CUTLER ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

COCKRELL, ASHBY U
933 CUTLER ROAD
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ASHBY COCKRELL

03/22/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COCKRELL, ASHBY U PRES
Address: 929 CUTLER ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: MMGR
Name: COCKRELL, SHARON W SVP
Address: 929 CUTLER ROAD
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ASHBY COCKRELL

MGRM

03/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date