## L09000045488

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O SIMMON:



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 29, 2021

Order#: 779328/059

Re: CO-ORDINATED BENEFIT PLANS, 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:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive 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 or 605.0116, 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. Na	une of the limited liability company: CO-ORDINAT	ED BENE	BENEFIT PLANS, LLC		
2. (a)	18167 U.S. HIGHWAY 19 N, SUITE 180	(t	160 Federal St 4th Floor		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CLEARWATER, FL 33764		Boston, M	1A 02110	
	07/23/1980		L09000045	5488	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida 3H AGENT SERVICES, INC	4.		Document number	
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1415 PANTHER LANE				
	Registered Office Address (MUST BE FLORIDA STREET) STE 327	<u> L'ADDRESS</u>	Σ	2022 HAY -3	
	NAPLES I-	L_34109		- <del>'</del>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company			AH 8: 29	
	NEW Registered Office Address:			-	
	1201 Hays Street			-	
	Tallahassee F	32301 L		-	
change agent w was/we the arti	mited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the Like Comic are of a member or authorized representative of a member	e registere iability co of the lim e limited li	d office and mpany, it is ited liability ability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signat	are of a member or authorized representative of a member			Printed or typed name of signee	
provisie the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ree to act 2 performa ed for in C hereby co	in this capa nce of my a hapter 605, nfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

Grace E. Kirby. Asst. Vice President of Corporation Service Company