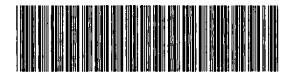
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(Re	questor's Name)		
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

JUN 27 PM 12: 48

JUN 28 2013 J. BRYAN



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 17, 2013

Order#: 679274-008

Re: AMERICAN SENIOR BENEFITS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA



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

Pursuant to the provisions of sections 608.416 or 608.508, 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: AMERICAN SEN	IOR BENEFITS, LLC	
	rincipal office address of limited liability company Note: MUST BE STREET ADDRESS)	8400 W. 110th Street, Suite 220 Overland Park, KS 66210	
	lailing address of limited liability company: Note: MAY BE POST OFFICE BOX)	75	
10/03/200	01	M01000002240	3
3. Date of	of filing/registration in Florida	4. Document number	() () () () () () () ()
5. (a) R	egistered Agent and Registered Office shown on t	he records of the Florida Dept. o	of States
R	egistered Agent:	C T Corporation System	
R	egistered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
	EW Registered Agent: EW Registered Office Address:	Corporation Service Company 1201 Hays Street	
	MUST BE FLORIDA STREET ADDRESS)		
		Tallahassee ,I	FL 32301
confirmed and the be liability of the member the operate	ited liability company is not organized under the lad that after the change or changes are made, the Flousiness office of the registered agent will be identification, it is hereby confirmed that the change(s) pers of the limited liability company or as otherwising agreement of the limited liability company. The limited liability company or as otherwise agreement of the limited liability company.	orida street address of the registed. On in the case of a Florida	ered office
	ebe, Authorized Person yped name of signee	-	
I hereby comply w and I am Chapter t address, I	accept the appointment as registered agent and as ith the provisions of all statutes relative to the pro- familiar with and accept the obligations of my pos 508, F.S. Or, if this document is being filed to mer I hereby confirm that the limited liability company	ree to act in this capacity. I fur per and complete performance of ition as registered agent as pro ely reflect a change in the regis has been notified in writing of i	ther agree to of my duties, vided for in tered office this change.
By: Signature of	I due august	Sylvia Queppet, Asst. VP	-

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