

MD3000001113

Florida Department of State
Division of Corporations
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L. SELLERS

MAY 28 2009

EXAMINER

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

DISABILITY MANAGEMENT ALTERNATIVES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
2009 MAY 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 MAY 27 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5/27/2009

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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.

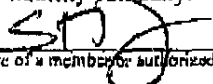
1. Name of the limited liability company: DISABILITY MANAGEMENT ALTERNATIVES, LLC
2. (a) Principal office address of limited liability company: ATTN: GALINA TARANTO
(Note: MUST BE STREET ADDRESS) 700 STANLEY DRIVE
NEW BRITAIN CT 06053 US
- (b) Mailing address of limited liability company: ATTN: GALINA TARANTO
(Note: MAY BE POST OFFICE BOX) P.O. BOX 1348
FARMINGTON CT 06034 US

- 04/08/2003 M03000001113
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: BUSINESS FILINGS INCORPORATED
- Registered Office Address: 1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960 US


- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: CT Corporation System
- NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

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.


 (Signature of a member or authorized representative of a member)

STEVEN J. KLYANO
 (Printed or typed name of signer)

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 608, 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.

By: 
 (Signature of Registered Agent)

Megan G. Ware
 Assistant Secretary
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00

INHS18 (05/08)

PLA13 - 05/07/08 CT System Guide

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