

MU3000001113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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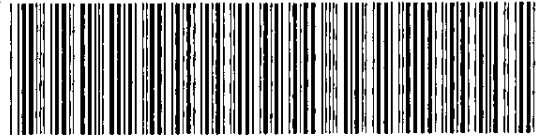
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 DEC - 2 PM 4: 08

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC - 2 AM 9: 10

B. KOHR

DEC - 3 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 575913 4385593

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -2 AM 9:10

ORDER DATE : 12/02/2010

ORDER TIME : 3:44 PM

ORDER NO. : 575913-004

CUSTOMER NO: 4385593

CHANGE OF AGENT

NAME: DISABILITY MANAGEMENT
ALTERNATIVES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: _____

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Name of the limited liability company: DISABILITY MANAGEMENT ALTERNATIVES, LLC

2. (a) Principal office address of limited liability company: 700 Stanley Drive
New Britain, CT 06053
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 100 Half Day Road
Attn: Ann Eckstein
Lincolnshire, IL 60069
(Note: MAY BE POST OFFICE BOX)

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: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(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.

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

Blanca Lozada, Authorized Person
(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 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: Elizabeth A. Dawson
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President

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