

M040000002358

Florida Department of State  
Division of Corporations  
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Email Address: Mary.Rosemond@benefitsinacard.com

LLC REGISTERED AGENT CHANGE  
BENEFIT GUARANTY, LLC

Certificate of Status	0
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J. BRYAN

JAN 20 2011

EXAMINER

Fax Audit # H11000015708 5

**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: Benefit Guaranty, LLC

2. (a) Principal office address of limited liability company: 201 East McBee Avenue, Suite 300A

**(Note: MUST BE STREET ADDRESS)**

Greenville, South Carolina 29601

(b) Mailing address of limited liability company:

201 East McBee Avenue, Suite 300A

**(Note: MAY BE POST OFFICE BOX)**

Greenville, South Carolina 29601

6/16/2004

3. Date of filing/registration in Florida

M04000002358

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

NRAI SERVICES, INC.

Registered Office Address:

2731 EXECUTIVE PARK DRIVE, SUITE  
WESTON FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Business Filings Incorporated

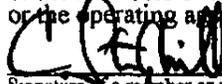
NEW Registered Office Address:

1203 Governors Square Blvd, Suite 101,

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301-2960

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

Curt Stodghill, Manager

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.



Mark Williams, AVP, Business Filings Incorporated

Signature of registered agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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