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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **.

Email Address:

LLC REGISTERED AGENT CHANGE PACIFIC BENEFITS GROUP NORTHWEST, LLC

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

1. The name of the limited liability company is:	PACIFIC BENEFITS GROUP NORTHWEST, LLC	
2. (a) Principal office address of the limited liability of	comapny: IS15 NW AMBERGLEN PARKWAY	
(Note: MUST BE STREET ADDRESS)	SUITE 300	
	BEAVERTON OR 97006	
(b) Mailing addiess of firnited liability company:	10151 DEERWOOD BLVD	
(Note: MAY BE POST OFFICE BOX)	BLDG_100_STE_330	
1/29/2007	JACKSONVILLE FL 32256 M07000000567	
3. Date of filing/registration in Florida	4. Pocument number	
5.(a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:	
Registered Agent:	COGENCY GLOBAL INC.	
Registered Office Address:	115 North Calhoun St S T	7
	Suite 4	-
 1	Tallahassee FL 32301	Π
(b) Enter name of <u>NEW Registered Agent</u> and/o	r NEW Registered Office address:	フ
[3 7]	္ႏို က	
NEW Registered Agent:	On F	
NEW Registered Office Address	11380 Prosperity Farms Road #221E	
MUST BE FLORIDA STREET ADDRI	ESS)	
\['	Palm Beach Gardens FI, 33410	
or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability	or the laws of the State of Florida, it is hereby confirmed that after the change registered office and the business office of the registered agent will be company, it is hereby confirmed that the change(s) was/were authorized by ility company or as otherwise provided in the articles of organization or any.	
(Signature of member or authorized representative of a me	ember)	
Carlos M Alvarez, Attorney-in-Facts (Printed or Typed name of signes)		
of all statutes relative to the proper and complete per my positiof as resistered agent as provided for in Chi in the constered office address, I hereby confirm that Carlos M Alvarez, Sp (Signature of Registered Agent)	and agree to act in this capacity. I further agree to comply with the provision formance of my duties, and I am familiar with and accept the obligations of apter 605. F.S. Or, if this document is being filed to merely reflect a change the limited liability company has been notified in writing of this change. secial Secretary 5. P.O. Box 6327, Tallahassee, FL 32314	
INHS18(10/99)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Corporate Creations International Inc.		
11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107	· ·	