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Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Phone

: (888)706-7274

Fax Number

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

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LLC REGISTERED AGENT CHANGE HEALTH PLAN INTERMEDIARIES HOLDINGS, LLC

Certificate of Status	0
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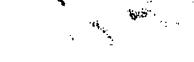
Electronic Filing Menu

Corporate Filing Menu

Help



TO: Registration Section
Division of Corporations



SUBJECT: Health Plan Intermediaries Holdings, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary Ysais		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		_
1701 Directors Blvd, Suite 300		
Address		_
Austin, TX 78744		
City/State and Zip Code		_
E-mail address: (to be used for future ann	nual report notific	ation)
For further information concerning this matter	, please call:	
Zachary Ysais	888	705-7274
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section		ILING ADDRESS: istration Section
Division of Corporations		sion of Corporations
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tall	ahassee, Florida 32314
Enclosed is a check for the following	g amount:	
□ \$25 Filing Fee	Q \$55	Filing Fee & Certified Copy
INHS18 (2/14)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	Name of the limited liability company: Health F	lan Intermedia	ries Holdings, L	LC
2. (a)	3450 Buschwood Park Drive	(b) 3450 Buschwood Park Drive		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , , , , , , , , , , , , , , , , , ,	Aailing address of limited liab	
	TAMPA, FL 33618	ТАМР	(<u>Noie: MAY BE POST OF</u> 4, FL 33618	FICE BOX)
	7AM7 A, 1 E 33010	TAME	4,12 33010	
	1/10/2013	M1300	0000230	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	, CORPORATION SERVICE CO	MPANY		
J. (a	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State	:	
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	TALLAHASSEE	EL 32301		20
(b)	Registered Agent Solutions, Inc			330 O
(0)	Enter name of NEW Registered Agent and/or NEW Registe			22 E
	155 Office Plaza Dr.			087 087
	NEW Registered Office Address:			(ATIC): 00
	Suite A			0 02
	Tallahassee	_{FL} 32301		
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the registered office l liability company, it is s of the limited liability	and the business office of hereby confirmed that the company or as otherwis	of the registered
	avin Southwell	Gavin Southw		
Signa	ture of a member or authorized representative of a member	 	Printed or typed name of sign	೮
the obi to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	ngree to act in this capa ete performance of my d ded for in Chapter 605, I hereby confirm that th	city. I further agree to c uties, and I am familiar v F.S. Or, if this documer he limited liability compo	comply with the with and accept nt is being filed any has been
	Mackenzie Hart, Asst. Secretary			