| M17000 | 007086 |
|--|--|
| (Requestor's Name) (Address) (Address) | 800330391428 |
| (City/State/Zip/Phone #) | 06/13/119+-010.action-015.00 |
| Certified Copies Certificates of Status | FILED 2019 JUNI 13 MM 9: 47 SECRETARY AND MILE NATIONAL AND |
| Office Use Only | Y SULKER JUN 2.6 2019 |

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: June 11, 2019

Order#: 744234-021

Re: AVANT SPECIALTY BENEFITS, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF 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) | 2727 Grand Prairie Parkway | (b) | , 272 | 7 Grand Prairie | Parkway | | |
|--------|--|--------------------------------|----------------|---------------------------------------|--|----------------------|--------------|
| | Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) | | | Mailing addres (<u>Note: MA</u>) | s of limited lia F <u>BE POST O</u> | • | • • |
| Waukee | Waukee, IA 50263 | - | Wauk | kee, 1A 50263 | | | |
| | 08/17/2017 | | M170 | 00007086 | | | |
| | Date of filing/registration in Florida | 4. | | Document | number | | |
| a) | CT CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD | of the blorida | Dept, of | State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREE) | ADDRESS) | •• | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | | | | 11 | 201 | |
|)) | PLANTATION | 133324 | | | 51 | 10 2019 JI | |
|) | PLANTATION | 133324 | | | | 2019 JUN 13 | p=- 1 |
|)) | PLANTATION | 1 <u>33324</u> d Office add | r <u>ess</u> : | | | 2019 JUN 13 AM 9: 47 | |

Signature of a member or authorized representative of a member

Jill Cilmi, 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 605, 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.

<u>Kn</u>b1 . (*

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President

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