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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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. 1	Name of the limited liability company:FUTUREPLAN	ADMIN	IIST	STRATIVE SERVICES, LLC	
2. (a	200 DRYDEN ROAD		(b) 200 DRYDEN ROAD		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DRESCHER, PA 19025			DRESCHER, PA 19025	
	05/12/2021	_	N	M21000005762	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	LEGALINC CORPORATE SERVICES INC.				
J. (C	Registered Agent and Registered Office shown on the records of	the Flori	ida I	Dept. of State:	
	5237 SUMMERLIN COMMONS BLVD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)		
	SUITE 400			2	
	FORT MYERS . FI	33907	,	FILLASA	
(b					
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>addı</u>	dress:	
	Corporation Service Company			9: 02	
	NEW Registered Office Address:			, √ . N	
	1201 Hays Street				
	Tallahassee FI	32301			
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red com mit	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
	ature of a member or authorized representative of a member	Jil —	l Ci	Cilmi, Authorized Person	
				Printed or typed name of signee	
provi. the ol to me notific	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I l ed in writing of this change.	ee to ac perform d for in tereby c	et ir nar Ch con	in this capacity. I further agree to comply with the mee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed of that the limited liability company has been	
	Drace C-Kuby ure of Registered Agent				
Signat Grace	ture of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company				

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