

M90511

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2013854
(Sub Account)

DATE: 1-4-99

300002728983--1

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: Health Options Connect, Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION:

C. Woodyard

File
2nd

- ☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

- ☒ Call When Ready
☒ Walk In
☐ Mail Out

- () Call if Problem
() Will Wait

- () After 4:30
() Pick Up

99 JAN 4 PM 12:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

See
4/5

**STATEMENT OF CHANGE OF
REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILED
99 JAN -4 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

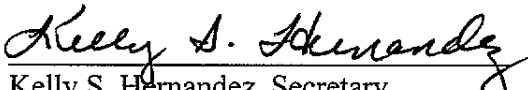
To the Secretary of State of the State of Florida:

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of FLORIDA, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

- FIRST: The name of the corporation is Health Options Connect, Inc.
- SECOND: The address of its present registered office is 1200 S. Pine Island Road, Plantation, Florida 33324.
- THIRD: The address to which its registered office is to be changed is 4800 Deerwood Campus Parkway, Building 1-Floor 7, Jacksonville, Florida 32246.
- FOURTH: The name of its present registered agent is C.T. Corp. System.
- FIFTH: The name of its successor registered agent is Kelly S. Hernandez.
- SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

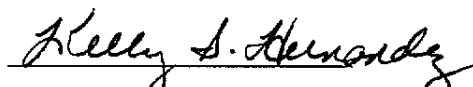
Dated: January 4, 1999

HEALTH OPTIONS CONNECT, INC.


Kelly S. Hernandez, Secretary

DATE: January 4, 1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE, OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
DATE 1/4/99