

POI 0000021818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA/RO Change
1a 3/24/03



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03/12/03--01041--024 **105.00

FILED
03 MAR 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Benefit Solutions 2, Inc
(Name of corporation)

DOCUMENT NUMBER: PO1000021818

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie Andrea
(Name of person)

Professional Benefit Solutions 2, Inc
(Name of firm/company)

2780 S. Horseshoe Dr. #7
(Address)

Naples FL 34104
(City/state and zip code)

For further information concerning this matter, please call:

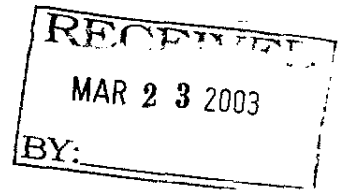
Laurie Andrea at (239) 430-6500
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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03 MAR 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 19, 2003

LAURIE ANDREA
PROFESSIONAL BENEFIT SOLUTIONS
2780 S. HORSESHOES DR. #7
NAPLES, FL 34104

SUBJECT: PROFESSIONAL BENEFIT SOLUTIONS 4, INC.
Ref. Number: P01000021818

We have received your document for PROFESSIONAL BENEFIT SOLUTIONS 4, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 403A00016986

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Professional Benefit Solutions 4, Inc.
2. The principal office address: 2780 S. Horseshoe Dr #7
Naples FL 34104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Feb 28, 2001 Document number: PO1000021818
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporations Service Company
1201 Hays ST
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office changed):

Laurie Andrea
2780 S. Horseshoe Dr #7
(P.O. Box or personal mailbox NOT acceptable)
Naples FL 34104

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Laurie Andrea
(Signature of an officer, chairman or vice chairman of the board)

Laurie Andrea President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Laurie Andrea
(Signature of Registered Agent)

3/6/03
(Date)

If signing on behalf of an entity:

Laurie Andrea
(Typed or Printed Name)

President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314