

PO1000066919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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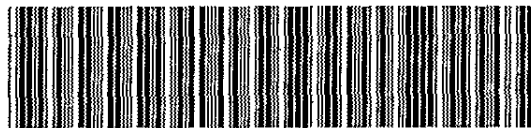
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MyBenefitSource.com Agency of Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000066919

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:

Ms. Sarah Jenkins

(Name of person)

MyBenefitSource.com Agency of Florida, Inc.

(Name of firm/company)

3600 Mansell Road, Suite 500

(Address)

Alpharetta, GA 30022

(City/state and zip code)

For further information concerning this matter, please call:

Sarah Jenkins

(Name of person)

at (678) 795-5727

(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

JOHN D. HATCH, P.C.
A PROFESSIONAL CORPORATION
COUNSELOR AT LAW

840 S.E. 5TH STREET
OCALA, FLORIDA 34471

TELEPHONE: (352) 690-6270
FACSIMILE: (352) 690-6272

April 29, 2003

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: MYBENEFITSOURCE.COM AGENCY OF FLORIDA, INC. – Change of
Registered Agent and Office**

Dear Sir or Madam:


Enclosed please find a statement of change of registered agent and office by MyBenefitSource.com Agency of Florida, Inc., a Georgia corporation. Please endorse the Secretary's file mark and file as appropriate. Kindly return a copy of the marked filing.

Enclosed is our check for \$35.00 payable to the **Florida Department of State** to cover the change of registered agent fee.

If you require anything additional, please let me know.

Thanking you for your assistance, I am,

Respectfully,



John D. Hatch

JDH:pc

**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: MyBenefitSource.com Agency of Florida, Inc.
2. The principal office address: 3600 Mansell Road, Suite 500
Alpharetta, GA 30022
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/2/01 Document number: P0100006919

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Resident Agent Corporation of Pinellas County

980 Tyrone Blvd.

St. Petersburg, FL 33700

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

John D. Hatch

840 S.E. 5th Street

(P.O. Box or personal mailbox NOT acceptable)

Ocala, FL 34471

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.

X *John D. Hatch*
(Signature of an officer, chairman or vice chairman of the board)

X Ann K. Moceyunas, General Counsel and Corp. Secretary
(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.

John D. Hatch
(Signature of Registered Agent)

4-29-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(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