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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 28, 2013

Order#: 700619/004

Re: COMPUPAY INSURANCE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organin order to change its registered office or registered.	nized under the laws of the State of Florida
1. The name of the corporation: COMPUPAY INSURAN 2. The principal office address: 3450 Lakeside Drive, St	te 400, Miramar FL 33027
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/18/2001	Document number: P01000101231
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	
Oren Brenner	
1601 Belveder Road, Suite 502E	
West Palm Beach FL 33406	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
Corporation Service Company	
1201 Hays Street	20
P O. Box NO	T acceptable
Tallahassee, FL 32301	
The street address of its registered office and the street as changed will be identical.	t address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	
Mauren Cathell	Maureen Cathell, Vice President
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to ref hereby confirm that the corporation has been notified Corporation Service Company	tutes relative to the proper and complete accept the obligation of my position as registered Nect a change in the registered office address. I
By: Opug dudan	06/21/2013
Signature of Registered Agent	Date
If signing on behalf of an entity:	
April Hudson, Asst VP	
Typed or Printed Name * * * FILING F	FF· \$35.00 * * *
A 1111110 A	LLT WEITE

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