

P040000035287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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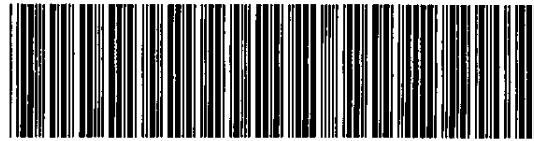
(Business Entity Name)

(Document Number)

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07 MAY 14 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Bayside Benefits Group, Inc.*



Benefit Consulting  
10427 Miracle Lane  
New Port Richey, FL 34654  
727-379-5553  
727-489-6862 (Fax)  
dmcorley@tampabay.rr.com

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

Re: Registered Agent Change of Address  
Document No.: 7040006 35287

To Whom It May Concern:

The enclosed Statement of Change of Registered Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Dayna Corley  
Bayside Benefit Group, Inc.  
10427 Miracle Lane  
New Port Richey, FL 34654

Sincerely,

Dayna Corley  
President

**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: Bayside Benefit Group, Inc.
2. The principal office address: 10427 Miracle Ln.  
New Port Richey, FL 34655
3. The mailing address (if different): Same
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Dayna Corley  
1921 Tilden Pl.  
Trinity, FL 34655

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

Dayna Corley  
10427 Miracle Ln.  
(P.O. Box NOT acceptable)  
New Port Richey, FL 34654

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.

Dayna Corley  
(Signature of an officer or director)

Dayna Corley - Pres.  
(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.*

Dayna Corley  
(Signature of Registered Agent)

5-9-07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

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