P98000004922

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	L				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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11/08/13--01020--011 **35.00

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PA Charg 11-13-13



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ellen Rosaio erosaio@cscinfo.com

Date: November 5, 2013

Order#: 863298/010

Re: EMPLOYEE BENEFITS CONSULTANTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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:Ellen Rosaio 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

statement of cha	provisions of sections 607.0502, 617.0502 Inge is submitted for a corporation organic	ized under the la	ws of the State of <u>F</u>	lorida
	r to change its registered office or registe	-	-	orida.
1. The name of t	he corporation: EMPLOYEE BENEFITS	CONSULTANTS	5, INC.	
2. The principal	office address: 2709-6 Killarney Way, Ta	llahassee, FL 32	2309	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/15/1998	Document	number: P9800000)4922
	street address of the current registered at tment of State: (If resigned, enter resigned		ed office on file wit	h the
	Hoard, John B		<u> </u>	
	10400 Merribrook Lane			
	Tallahassee	FL	32308	13 HOV
6. The name and (if changed):	street address of the new registered agen	at (if changed) an	nd /or registered offi	8 - N - 8
	Corporation Service Company			2
	1201 Hays Street			がある。
	P.O Box NOT	acceptable		
	Tallahassee	FL	32301	
The street addre	ess of its registered office and the street a be identical.	address of the bu	usiness office of its	registered agent,
Such change was authorized by th	s authorized by resolution duly adopted be board, or the corporation has been not	by its board of o	directors or by an o of the change.	fficer so
Plate	to l. M.	Matthew G. Ri	iordan	CFO
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Corporatio	the of an officer or director the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and a is document is being filed merely to reflethat the corporation has been notified in Service Company	l agree to act in tes relative to th	he proper and comp tion of my position	olete as registered
By: June	Que Meristered Agent	11/05/2013	Dete	<u></u>
	half of an entity:		Date	
	, Assistant Vice President			
	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)