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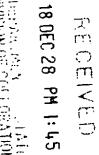
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R. WHITE 17.7 0 5 5018





CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 561204 7960076					
AUTHORIZATION Spells Reman					
COST LIMIT : \$35.00					
ORDER DATE: December 27, 2018					
ORDER TIME : 11:28 AM					
ORDER NO. : 561204-010					
CUSTOMER NO: 7960076					
CHANGE OF AGENT					
NAME: KIDDER BENEFITS CONSULTANTS, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Roxanne Turner					
EXAMINER'S INITIALS:					

COVER LETTER

Amendment Section Division of Corporations

TO:

Kide	der Benefits Consultants, Inc.	
SUBJECT:	Name of Corp	pration
	F14000005300	
DOCUMENT I		
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Tricia Casper	
	Name of Contac	t Person
	Newport Group	
	Firm/Comp	any
	1350 Treat Blvd., Suite 300	
	Address	
	Walnut Creek, CA 94597	
	City/State and Z	Gip Code
	tricia.casper@newportgroup.com	
	E-mail address: (to be used for futu	re annual report notification)
For further infor	rmation concerning this matter, please call	;
Tricia Casper		925 328-4428
1	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607, ange is submitted for a corp er to change its registered o	ooration organized under t	he la	ws of the State of	lowa	
1. The name of	the corporation: Kidder Ber	nefits Consultants, Inc.				
	office address: 5700 West		West	t Des Moines, IA 5	50266	
3. The mailing a	address (if different): Same	1				
4. Date of incor	poration/qualification: 12/	15/2014 Docum	nent	number: F14000	005300	
	i street address of the curre rtment of State: (If resigned		gister	ed office on file w	rith the	
	Elio Chiarelli, Jr.				_	
	2233 NW 41st Street, Su	ite 300A			2018 DEC 28	
	Gainesville		FL	32606	000	CALCULAR CALCARA
6. The name and (if changed):	i street address of the new	registered agent (if change	d) an	nd /or registered of	3.2. 0	
	Corporation Service Com	pany				
	1201 Hays Street				L1.1	
		P.O. Box NOT acceptable			•	
	Tallahassee		FL	32301		
The street address changed will	ess of its registered office be identical.	and the street address of the	he bu	usiness office of it	ts registered agent,	
Such change wa authorized by the	as authorized by resolution ne board, or the corporatio	nduly adopted by its board in has been notified in wri	d of d ting	directors or by an of the change.	officer so	
1 1 1 1 C	ure of an officer or diffector	Tricia Cas				
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio	the appointment as regist to comply with the provisi my duties, and I am familis document is being filed that the corporation has to Service Company	ered agent and agree to a ons of all statutes relative iar with and accept the ob merely to reflect a change ween notified in writing of	ct in	this capacity, this capacity, the proper and contion of my position he registered office change.		
By: CY	nature of Registered Agent	<u> </u>	4	28 2010		
If signing on be		oxanne Turner . Vice President				
Т	yped 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 CR2E045 (03/12)