Filing Fee: \$20.00

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Form No. 640 Revised: 12/05

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

## STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1.	The name of the corporation is THE HEALTHY BENEFITS INC			
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhod Secretary of State is:  1300 Highland Corporate Drive, Suite 203, Cumberland, RI 02864	le Isla	and	
3.	The address of the NEW registered office is: 325 Angell Street, Providence, RI 02906			
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  Gregory A. Gauthier			
5.	The name of the NEW registered agent is: Orson and Brusini Ltd.			
	6. The appointment of a new registered agent and the new registered office, as the case may be, shall become upon the filing of this statement, or on	effect	tive	
Da	Under penalty of perjury, I declare and affirm the examined this Statement of Change of Registered Age Corporation, including any accompanying attachments all statements contained herein are true and correct.	ent by	/ the	
	Signature of Authorized Officer of the Corporat	ion		
	Malcolm J. Tinkham, President	===	(1) (1) (1)	
	Type or Print Name of Authorized Officer	2010 SEP		
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