3/24/2014 0414120	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o	Received and Filed
		2/2//201/ 2·25·55 DM

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change or Registered Office, Registered Agent, or Both

3/24/2014 2:35:55 PM Fee receipt: \$10.00

RAC

P601

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

BENEFIT MANAGEMENT SYSTEMS, INC.

which is organized in the state of Mississippi, and for that purpose submits the following statements:

1. Name of current registered agent	2. Registered agent is hereby changed to:
LORI M. ANDREWS	LORI M. ANDREWS
3. Address of current registered office	4. Registered office is hereby changed to:

1001 Jennabrooke Way

LOUISVILLE, KY 40243

10000 SHELBYVILLE RD. STE. 110 P.O. BOX 43653 LOUISVILLE, KY 40253-0653

5. Signature of officer or chairman of the board	6. Consent of new agent
Lori Andrews, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Lori M. Andrews
Type or print name and title	Signature and Title
3/24/2014 2:35 PM Date	Type or print name and title