# F06000007267

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#### **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: America's Heal	th Care Consumer Association Inc.
1	Name of Corporation
DOCUMENT NUMBER:	F0600007267
The enclosed Amendment and fee are	
Please return all correspondence conce	erning this matter to the following:
Marina K. Greel	
Name of Contact Person	on
Access Plans, In-	c
Firm/Company	
900 36th Avenue NW, S	Suite 105
Address	
Norman OK 7307 City/State and Zip Co	
Only/Blate and Elip Of	ACC
mgreek@benefitmarketi E-mail address: (to be used for future	
For further information concerning thi	s matter, please call:
Karen Robb Name of Contact Person	at ( 214 ) 259-0435 Area Code & Daytime Telephone Number
Enclosed is a check for the following a	amount:
\$35.00 Filing Fee \$43.75 Filing Certificate of	
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
1211202666 HI 4741/I	INAL HYDRIITIVA ( ANTAR ( IRAIA

Tallahassee, FL 32301

# NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA

(Pursuant to s. 617.1504, F.S.)

### **SECTION I** (1-3 MUST BE COMPLETED) F06000007267 (Document Number of Corporation (If known) America's Health Care Consumer Association, Inc. (Name of corporation as it appears on the records of the Department of State) (Date authorized to conduct affairs in Florida) (Incorporated under laws of) **SECTION II** (4-8 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its August 27, 2012 jurisdiction of incorporation?\_\_\_ Benefit Services Association, Inc. (Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit 5. corporation) 6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected. n/a (Date) (New duration) 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected. n/a (Date) (New jurisdiction) 8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose. n/a (The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation) Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Assistant Secretary
(Title of person signing)

Bradley W. Denison

(Typed or printed name of the person signing)

FORM NFP 110.30 (rev. Cec. 2003) ARTICLES OF AMENDMENT General Not For Profit Corporation Act

Jesse White, Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62758 217-782-1832 FILED

AUG 27 2012

JESSE WHITE SECRETARY OF STATE



W	ww.cyberdriveillinois.com		
ct	emit payment in the form of a eck or money order payable.  Secretary of State.  File # 447 - 706-3 Filing Fee: \$25 Approved: Am		
	Submit in dupitcate Type or Print clearly in black ink Do not write above this line		
1.	Corporate Name (See Note 1 on back.): AMERICA'S HEALTH CARE CONSUMER ASSOCIATION		
2.	2. Manner of Adoption of Amendment:  The following amendment to the Articles of Incorporation was adopted on August 20,2012 in the manner indicated below (check one only):		
	i.1 By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.)		
	By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.)		
	By members at a meeting of members entitled to vote by the affirmative vote of the members having not less that the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles (Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)		
	El By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.)		
3.	Text of Amendment:  (a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is:  BENEFIT SERVICES ASSOCIATION  New Name		
	(b.) All amendments other than name change.  If the amendment affects the corrects purpose the amended purpose is required to be set forth in its entirety. If		

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there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated August 21 ,2017 Month & Day Year	AMERICA'S HEATH CARE CONSUMER ASSOCIATION Exact Name of Corporation
And Authorized Officer's Signature	
Name and Title (type or print)	

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated	Month & Day	Year	
	incinia day		
	Signature	<del></del>	Name and Title (print)
	Signature		Name and Title (print)
	Signature		Name and Title (print)
· <del></del>	Signature		Name and Title (print)

#### NOTES

- State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
- 2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
- 3. Director approval may be:
  - a. by vote at a director's meeting (either annual or special), or
  - b. by consent, in writing, without a meeting.
- 4. All amendments not adopted under Sec. 110.15 require that:
  - a. the board of directors adopt a resolution setting forth the proposed amendment, and
  - b. the members approve the amendment.

#### Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

 When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20) File Number

6147-706-3



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 02 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR BENEFIT SERVICES ASSOCIATION.\*\*



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH

day of

SEPTEMBER

A.D.

2012

tion #: 1226901979

Authentication #: 1226901979 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE