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DEC 11 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fringe Benefit Con	ordinators, Inc			
DOCUMENT NUM					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	George Zinger				
	Name of Contact Person				
	Fringe Benefit Coordinators				
	Firm/ Company				
	P O Box 771				
	Address				
	Kathleen, FL 33849				
		City/ State and Zip Cod	e		
For further information	E-mail address: (to be us on concerning this matter, plea	sed for future annual report	notification)		
George Zinger		at (352	377-1239		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section			Address Iment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Fringe Benefit Coordinators, Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
F07422	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
	Con- inter- character character
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA E
(Mailing dauress MAT BE A FOST OFFICE BOX)	- conti
	2
	P
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent NA	
(Florida si	treet address)
New Registered Office Address: 12 A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
NA	
Signature of New 1	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	sv	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	ANDREJS STRODS	502 S FREMONT AVE
Add			TAMPA, FL 33606
X Remove			
2) Change	CEO	JAY MCLAUCHLIN	3102 EKONOMOU CT
X Add			TAMPA, FL 33629
Remove 3) X Change	ST	GEORGE ZINGER	7510 NW 41 AVE
Add			GAINESVILLE, FL 32606
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If am</u> (Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
	y GEORGE ZINGER is listed as the P and ANDREJS STRODS is listed as the S. There is a REMOVE,
ANDRE	EJS STRODS leaves the corporation. There is a CHANGE, GEORGE ZINGER is named the T and S. There is an
ADD, J/	AY MCLAUCHLIN is named the CEO
	
	
	
•	
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, risions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NA 	
	

	adoption:	, if other than the
date this document was signed.	1/1/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	r date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requir Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without s	hareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	he amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
Dated	120 m	
selec	director president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, truste inted fiduciary by that fiduciary)	
	GEORGE R ZINGER	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	