

680155

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06 OCT 16 PM 4: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Coordinated Benefit Plans, Inc.

**DOCUMENT NUMBER:** Charter Number 680155

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Tuomey  
(Name of Contact Person)

Coordinated Benefit Plans, Inc.  
(Firm/ Company)

26133 US Highway 19N, Suite 250  
(Address)

Clearwater, Florida 33763  
(City/ State and Zip Code)

For further information concerning this matter, please call: -

Lisa Sheridan at ( 201 ) 261-8525  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



The date of each amendment(s) adoption: September 1, 2006

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

William Tuomey

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**

**CO-ORDINATED BENEFIT PLANS, INC.**  
**ACTION TAKEN BY UNANIMOUS WRITTEN CONSENT**  
**OF SHAREHOLDERS**

The following action is taken by unanimous written consent of the Shareholders of the Corporation pursuant to Article II, Section 1, of the Bylaws of the Corporation, consent being evidenced by the signature of a notary public.

**RESOLVED** that the Articles of Incorporation, specifically Article II – General Nature of Business is revised as follows:

The general nature of the business to be transacted by this corporation is:

To conduct a general insurance agency and insurance brokerage business, and, without limiting the generality of the foregoing to act as agent or broker, for insurance companies in soliciting and receiving applications for stop loss, life, accident, death, health, disability and travel insurance, and all other kinds of insurance, and the collection of premiums and payment of claims and doing such other business as may be delegated to agents or brokers by such companies.

Additionally to conduct a third party administrator providing services for a fee, such services may include but shall not be limited to: enrolling customers and participants directly or through sales agents in membership or insurance plans, providing

customer service, providing sales agent service, billing and collecting fees and insurance premium, paying compensation to sales agents, providing premium administration, delivering such evidence of sales or correspondence as may be required, managing promotional sales material or sites, adjudicating claims under a plan of insurance and providing related reporting.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness and execute such mortgages, transfers of corporate property or other instruments to secure the payment of corporate indebtedness as required.

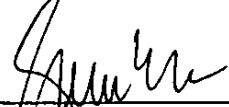
To purchase the corporate assets of any other corporation and engage in the same or other character of business.

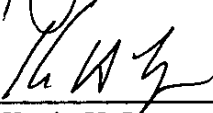
To guarantee, endorse, purchase, hold sell, transfer, mortgage, pledge or otherwise acquire or dispose of the sales of the capital stock of, or any bonds, securities or other evidences of indebtedness created by any other corporation of the State of Florida or any other state or government and while owner of such stock to exercise all the rights, powers and privileges of ownership, including the right to vote such stock.

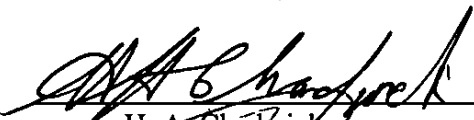
To engage in any activity or business permitted under the laws of the United States and of this State.

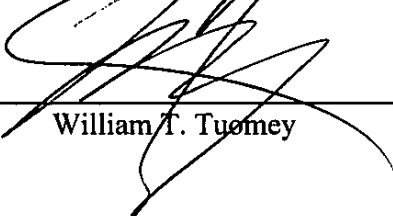
DATED this 12<sup>th</sup> day of October, 2006

DIRECTORS

  
\_\_\_\_\_  
Suzanne E. Whalen

  
\_\_\_\_\_  
Kevin H. Leys

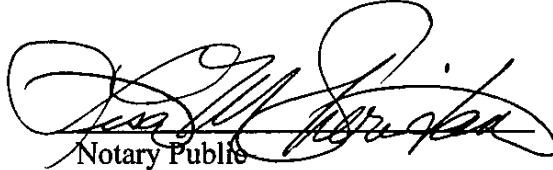
  
\_\_\_\_\_  
H. A. Chadwick

  
\_\_\_\_\_  
William T. Tuomey

State of New Jersey  
County of Bergen

The foregoing instrument was acknowledged before me, Lisa M. Sheridan, a notary public of the State of New Jersey on this 12 day of October, 2006 by Suzanne E. Whalen, Kevin H. Leys, Harry A. Chadwick and William T. Tuomey; all of whom are personally known by me.

[SEAL]

  
\_\_\_\_\_  
Notary Public

Lisa M. Sheridan  
\_\_\_\_\_  
Printed Name  
LISA M. SHERIDAN  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires July 25, 2010

\_\_\_\_\_  
My commission expires