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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H100002606203)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:

Account Name

: GIBBONS, COHN, NEUMAN, BELLO & SEGALL &

Account Number : 12000000178

Phone

: (813)877-9222

: (813)877-9290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FRINGE BENEFITS UNLIMITED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	- 417
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Corporate Filing Menu

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12/3/2010

From: 813-877-9290 To: 18506176380 Page: 1/9 Date: 12/21/2010 10:42:51 AM

FAX TRANSMISSION

To:

From:

Subject: Fringe Benefits Amendment

Message:

On December 3, 2010 I received confirmation that the attached request for Amendment to Fringe Benefits Unlimited Inc. was received by your office. To date the changes have not been made or they are not showing up online so I am refaxing my request and ask that this be processed immediately. Thank you for assistance. Please call if you have any questions.

Sheryl Miles, Legal Assistant to Gary A. Gibbons, Esquire Gibbons, Neuman, Bello, Segall, Allen & Halloran, P.A.

3321 Henderson Boulevard

Tampa, FL 33609 Tel: 813 877-9222, ext. 208

Fax: 813 877-9290 smiles@gibblaw.com

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Circular 230 Notice: In accordance with Treasury Regulations which became applicable to all tax practitioners as of June 20, 2005, please note that any tax advice given herein (and in any attachments) is not intended or written to be used, and cannot be used by any taxpayer, for the purpose of (i) avoiding tax penalties or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.



Company Name Address Tel: Fax: Email: Website:

This fax was sent by GFI FAXmaker for Exchange

From: 813-877-9290

To: 18506176380

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Date: 12/21/2010 10:42:52 AM

From: 813-877-9290

To: 18506176380

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Date: 12/3/2010 5:41:45 PM

(H10000260620)3)

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FRINGE BENEFITS UNLIMITED, INC.						
DOCUMENT NO	MBER:	697929				
The enclosed Artic	cles of Amendment an	d fee are submitted for filing.				
Please return all co	orrespondence concern	ing this matter to the following:				
		GARY A. GIBBONS				
		Name of Contact Person	······································			
	GIBBONS, NEUMAN, BELLO, SEGALL, ALLEN & HALLORAN Firm/ Company					
	•	3321 HENDERSON BLVD				
•		Address	<del>-</del>			
		TAMPA, FL 33609				
		City/ State and Zip Code				
For further informs	E-mail address: (to	be used for future annual report notification)	<del> </del>			
1 Of Taillies Milotiffs	ation concerning this if					
Name	of Contact Person	at ()at ()	hone Number			
	•	ount made payable to the Florida Departn				
☑ \$35 Filing Fec	☐ \$43.75 Filing Fee & Certificate of Status		552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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				

From: 813-877-9290 Ta:	18506176380 . Pa	age: 6/9 .	Date: 12/21/2010	10:42:52AM LED
. From: 813-877-9290 To	o: 18506176380 P	Page: 4/7	Date: 12/3/2010 5:	
(H10000260620 3)				2010 DEC 21 PH 2: 12
•	Articles of Am	endment		1910 PLO C1 198 C: 3 C
	to			SECRETARY OF STATE
	Articles of Incor	rporation		TALLAHASSEE, FLORID/
FOILOF DEN		TCD 1010		1
(Name of Corporation as en	EFITS UNLIM	· · · · · · · · · · · · · · · · · · ·		_ ·
(172 MC DT COT DDT ACTOR MACE			in or bridge	
(Document N	697929 lumber of Corporatio	n (if known)		<del>-</del>
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation  A. If amending name, enter the new name	1:		la Profit Corpora	ation adopts the following
,	NO CHANGE			The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "j	the designation "Cor	p," "Inc," o	r "Co". A profe	ssional corporation
B. Enter new principal office address, if a		NO CHAN	<u>GE</u>	
(Principal office address MUST BE A STR.	<u>EEI ADDRESS</u> ) -			_
·				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF	ole; FICE BOX)	NO CHANC	DE	
D. If amending the registered agent and/o new registered agent and/or the new re			orida, enter the n	nme of the
Name of New Registered Agent:	NO CHANGE			
New Registered Office Address:	. (Florida	sireet addre	22)	
	(City)	<u></u>	, Florid (Zip Code)	ia
			,_,	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Age I agent. I am familia	nt: or with and a	ccept the obligation	ons of the position.

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Signature of New Registered Agent, if changing

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removed and	the Officers and/or Directifle, name, and address onal sheets, if necessary)	ctors, enter the title a of each Officer and/	nd name of en or Director be	ch officer/director being ling added:
<u>Title</u>	<u>Name</u>	Add	<u>lress</u>	Type of Action
DP	JAMES R SOLOMO	<u> </u>		☐ Add ☐ Remove
DST	LINDA ANN SOLOM	10N		☐ Add ☐ Remove
E. 11 amengan (attach addi	g or adding additional A tional sheets, if necessary,	). (Be specific)		
			·	
provisions	ndment provides for an enfor implementing the an applicable, indicate N/A)	xchange, reclassifica leadment if not cont	tion, or cancel ained in the an	Intion of issued shares, nendment itself:
	<u>,                                      </u>			
				· · ·
		· · · · · · · · · · · · · · · · · · ·		

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removed an	• • • •	s of each Officer and		ach officer/director being eing added:
<u>Title</u>	<u>Name</u>	Ad	dress_	Typs of Action
D/P/T	LINDA A.SOLOMO	<u> </u>		☑ Add ☐ Remove
<u>D/VP/</u> S	JILL SOLOMON			
				☐ Add
L. 11 amend (attach ad	ing or adding additional ditional sheets, if necessar	Arucies, enter change	HS) here:	
				•
provision	endment provides for an ns for implementing the s t applicable, indicate N/A)	meadment if not cont	tion, or cance pined in the a	llation of issued shares, mendment itself:
			· · · · · · · · · · · · · · · · · · ·	
<del></del>			···········	

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(H10000260620 3)			,			
The date of each amendmen	qoba (e)1	nion: NOVEMBER	9, 2010	<i>d</i> )		
Effective date <u>if applicable</u> :	(no mo	(date of adoption is required)  (no more than 90 days after amendment file date)				
Adoption of Amendment(s)		(CHECK ONE)		,		
	The amendment(s) was/were adopted 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 t	he amendment(s) was/	were sufficient i	or approval		
by	(voting	group)				
The amendment(s) was/we setion was not required.	ere adopte	d by the board of direc	tors without sha	reholder action and shareholder		
The amendment(s) was/we action was not required.	re adopte	ed by the incorporators	vithout sbureho	lder action and shareholder		
Dated Nov	ember 5	2010				
Signature <u>«</u>	Lin	da H. Sol	Dun			
(By solu	cted, by		he hands of a re	ns or officers have not been seiver, trustee, or other court		
•			A. Solomon			
(Typod or printed name of person signing)						
			sident, Treas	urer		
(Title of person signing)						

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