

FD 100000 1156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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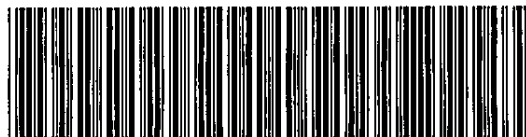
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/01/16--01003--002 \*\*43.75

AUG 02 2016  
C. CARROTHERS

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMPENSATION SOLUTIONS, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F01000001156

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

INCORPORATING SERVICES, LTD.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32301

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA

656-7956

\_\_\_\_\_  
Name of Contact Person

at (

\_\_\_\_\_) 656-7956  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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  
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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F01000001156

(Document number of corporation (if known))

1. COMPENSATION SOLUTIONS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. New Jersey

(Incorporated under laws of)

3. 02/28/2001

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 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 jurisdiction of incorporation? \_\_\_\_\_

5. CoAdvantage Resources 70, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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 a director, president or other officer - if in the hands  
of a receiver or other court appointed fiduciary, by that fiduciary)

Miguel A. Maseda

(Typed or printed name of person signing)

President/CEO

(Title of person signing)

REG-C-EA  
(08-05)

STATE OF NEW JERSEY  
DIVISION OF REVENUE

Mail to: PO Box 308  
Trenton, NJ 08646

**BUSINESS ENTITY AMENDMENT FILING**

***FEES REQUIRED***

Complete the following information and sign in the space provided. Please note that once filed, the information on this page is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount for this filing. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

A. Business Name: Compensation Solutions, Inc.

Business Entity NJ 10-digit ID number: 0 1 0 0 7 2 4 9 1 4

B. Statutory Authority for Amendment: 14A:9-2(4) & 14A:9-4(3) (See Instructions for List of Statutory Authorities)

C. ARTICLE 1 OF THE CERTIFICATE of the above referenced business is amended to read as follows. (If more space is necessary, use attachment)

1. The name of the corporation is CoAdvantage Resources 70, Inc.

D. Other Provisions: (Optional) \_\_\_\_\_

E. Date Amendment was Adopted: 07/01/2016

F. CERTIFICATION OF CONSENT/VOTING: (If required by one of the following laws cited, certify consent/voting)

N.J.S.A. 14A:9-1 et seq. or N.J.S.A. 15A:9-1 et seq., Profit and Non-Profit Corps. Amendment by the Incorporators

☐ Amendment was adopted by unanimous consent of the Incorporators

N.J.S.A. 14A:9-2(4) and 14A:9-4(3), Profit Corps., Amendment by the Shareholders

☒ Amendment was adopted by the Directors and thereafter adopted by the shareholders.

Number of shares outstanding at the time the amendment was adopted 656, and total number of shares entitled to vote thereon 656. If applicable, list the designation and number of each class/series of shares entitled to vote:

List votes for and against amendment, and if applicable, show the vote by designation and number of each class/series of shares entitled to vote:

Number of Shares Voting For Amendment

656

Number of Shares Voting Against Amendment

0

\*\* If the amendment provides for the exchange, reclassification, or cancellation of issued shares, attach a statement indicating the manner in which same shall be effected.

N.J.S.A. 15A:9-4, Non-profit Corps., Amendment by Members or Trustees

The corporation has ☐ does not have ☐ members.

If the corporation has members, indicate the number entitled to vote \_\_\_\_\_, and how voting was accomplished:

☐ At a meeting of the corporation. Indicate the number VOTING FOR \_\_\_\_\_ and VOTING AGAINST \_\_\_\_\_. If any class(es) of members may vote as a class, set forth the number of members in each class, the votes for and against by class, and the number present at the meeting:

Class

Number of Members

Voting for Amendment

Voting Against Amendment

☐ Adoption was by unanimous written consent without a meeting.

If the corporation does not have members, indicate the total number of Trustees \_\_\_\_\_, and how voting was accomplished:

☐ At a meeting of the corporation. The number of Trustees VOTING FOR \_\_\_\_\_ and VOTING AGAINST \_\_\_\_\_

☐ Adoption was by unanimous written consent without a meeting.

**G. AGENT/OFFICE CHANGE**

New Registered Agent: \_\_\_\_\_

Registered Office: (Must be a NJ street address)

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

**II. SIGNATURE(S) FOR THE PUBLIC RECORD (See Instructions for Information on Signature Requirements)**

Signature \_\_\_\_\_

Title President/CEO

Date 7/21/16

Signature \_\_\_\_\_

Title \_\_\_\_\_

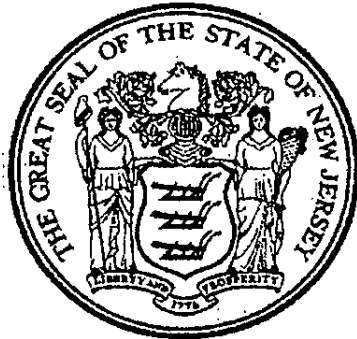
Date \_\_\_\_\_

The above-signed certifies that the business entity has complied with all applicable NJ statutory filing requirements

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
FILING CERTIFICATION (CERTIFIED COPY)

COADVANTAGE RESOURCES 70, INC.  
0100724914

*I, the Treasurer of the State of New Jersey,  
do hereby certify, that the above named business  
did file and record in this department a  
Certificate of Amendment on July 26th, 2016  
and that the attached is a true copy of this  
document as the same is taken from and compared  
with the original(s) filed in this office and now  
remaining on file and of record.*



Certificate Number: 138839626

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
27th day of July, 2016*

A handwritten signature in cursive script, reading "Ford M Scudder".

Ford M Scudder  
Acting State Treasurer