

# FD1000006089

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 11 2016

FEB 12 2016

C McNAIR

**Patton Compliance**  
*Insurance licensing compliance.*  
*It's what we do.*



3122 Mahan Drive  
Suite 801-250  
Tallahassee, FL 32308  
Phone: 850.345-1253  
E-mail: beth@pattoncompliance.com

February 4, 2016

Amendment Section  
Division of Corporation  
PO Box 6237  
Tallahassee, FL 32314

Subject: Employer Plan Services, Inc. NKA Fringe Benefit Group, Inc.  
Document Number: F01000006089  
**AMENDED CERTIFICATE OF AUTHORITY**

16 FEB 11 11:17  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
STATE OF FLORIDA

Dear Sir or Madame:

Enclosed please find a completed Amended Certificate of Authority Form submitted on behalf of the above-referenced entity.

Employer Plan Services, Inc., is now known as Fringe Benefit Group, Inc. The company has legally changed its name, and respectfully requests that the Certificate of Authority be amended to reflect its new name as follows:

**New name:** Fringe Benefit Group, Inc.

**Former name:** Employer Plan Services, Inc.

Fringe Benefit Group, Inc. authorizes Patton Compliance to represent its company and to correspond with your department on its behalf. Please contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth George".

Beth George  
Licensing Administrator  
Enclosure

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Employer Plan Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F01000006089

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madeline Parra  
Name of Contact Person

Patton Compliance  
Firm/Company

3122 Mahan Drive Suite 801-250  
Address

Tallahassee / FL / 32308  
City/State and Zip Code

madeline@pattoncompliance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeline Parra at ( 850 ) 294-1928  
Name of Contact Person 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 11 10:11:17

**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)**

F01000006089

(Document number of corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 11 4:11:17

1. Employer Plan Services, Inc.

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

2. Texas

(Incorporated under laws of)

3. 11/27/2001

(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? January 6, 2016

5. Fringe Benefit Group, 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.

N/A

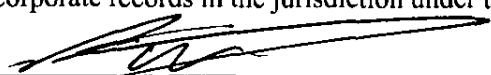
(New duration)

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

N/A

(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)

Phillip Mattek

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

January 07, 2016

Graves Dougherty Hearon & Moody  
P O Box 98  
Austin, TX 78767 USA

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RE: Fringe Benefit Group, Inc.  
File Number: 53098400

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Fringe Benefit Group, Inc.  
53098400

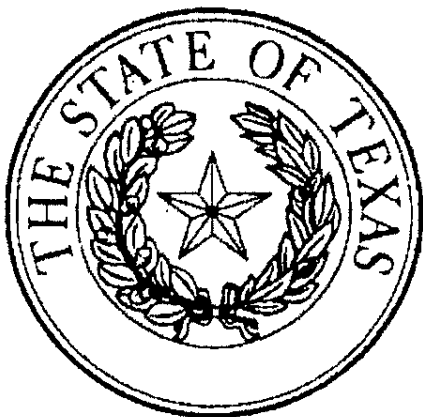
[formerly: EMPLOYER PLAN SERVICES, INC.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 01/06/2016

Effective: 01/06/2016



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State