

F03 000000 271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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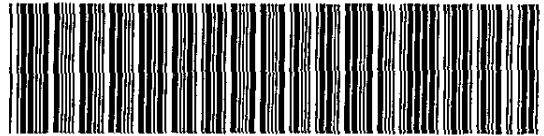
(Business Entity Name)

(Document Number)

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05 AUG 29 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NC  
RB  
9/11



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

GENA BRADSHAW, FLMI  
Chief Executive Officer

W.H.L. WOODYARD IV  
Chief Operating/Financial Officer

August 25, 2005

Florida Secretary of State  
Corporations Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the documents necessary to change the name of Starmount Financial Corporation, Inc. to **AlwaysCare Benefits, Inc.** in your state.

Thank you for your consideration of this filing.

Sincerely,

Detra Reed  
Initial Licensing Division  
[dreed@centrallicensingbureau.com](mailto:dreed@centrallicensingbureau.com)

/dr

Enclosures

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AlwaysCare Benefits, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F03000000271

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Detra Reed  
(Name of person)

Central Licensing Bureau  
(Name of firm/company)

1501 N. University, #550  
(Address)

Little Rock, AR 72205  
(City/state and zip code)

For further information concerning this matter, please call:

Detra Reed at ( 501 ) 664-8044  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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)**

F03000000271  
(Document number of corporation (if known))

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Starmount Financial Corporation, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Louisiana (Incorporated under laws of)      3. January 14, 2003  
(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? 8-19-05

5. AlwaysCare Benefits, 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)

Erich Sternberg  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

8-8-05  
(Date)

Erich Sternberg  
(Typed or printed name of person signing)

President  
(Title of person signing)

UNITED STATES OF AMERICA  
State of Louisiana  
DUPLICATE  
Al Ater

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
a copy of an Amendment to the Articles of Incorporation of

STARMOUNT FINANCIAL CORPORATION, INC.

Domiciled at BATON ROUGE, LOUISIANA, changing the corporate  
name to

ALWAYSCARE BENEFITS, INC.

Was filed and recorded in this Office on August 19, 2005.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,  
August 19, 2005*

*Al Ater*  
VCO 34330377D 36003070

*Secretary of State*

