

F06000005734

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**Please retain original filing
date of submission 4/19**

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ENVOLVE BENEFIT OPTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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16 APR 20 PM 3:19

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 18 PM 11:28

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Corporate Filing Menu

Help

APR 20 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Envolve Benefit Options, Inc.

Name of Corporation

DOCUMENT NUMBER: F06000005734

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Morrison

Name of Contact Person

Armstrong Teasdale, LLP

Firm/Company

7700 Forsyth Blvd., Suite 1800

Address

Saint Louis, MO 63105

City/State and Zip Code

cmorrison@armstrongteasdale.com

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

For further information concerning this matter, please call:

Cindy Morrison

Name of Contact Person

at (314)

621-5070

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
Certificate of Status

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\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

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\$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

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16 APR 18 PM 11:28

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)

F06000005734

(Document number of corporation (if known))

1. Envolve Benefit Options, Inc.

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

2. Delaware

(Incorporated under laws of)

3. 09/05/2006

(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? 4/15/2016

5. Envolve Vision 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.

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.

Tricia Dinkelman
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Tricia Dinkelman

(Typed or printed name of person signing)

Vice President, Tax

(Title of person signing)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ENVOLVE BENEFIT
OPTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "ENVOLVE VISION BENEFITS, INC." ON THE FIFTEENTH DAY OF
APRIL, A.D. 2016, AT 3:23 O'CLOCK P.M.



4132453 8320
SR# 20162352102

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202162458
Date: 04-18-16