

F/1000000 3031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

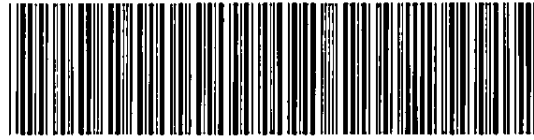
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100424989301

*Amend*

RECEIVED

2024 MAR -4 AM 11:34

FILED

2024 MAR -4 AM 10:48

A. RAMSEY  
MAR 5 2024



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 03/04/24  
Order #: 1440627-6  
Re: Employers Direct Health, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$0.0 - FL State Account Number:  
I20000000195  
AUTH

Please take the following action:

File in your office on-basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the text 'Please take the following action:'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Employers Direct Health, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000003031

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Greenough

Name of Contact Person

RSC Insurance Brokerage, Inc.

Firm/Company

160 Federal Street

Address

Boston, MA 02110

City/State and Zip Code

licensing@risk-strategies.com

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

For further information concerning this matter, please call:

Michelle Greenough

Name of Contact Person

at ( 617 ) 330-5700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy       \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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)**

F11000003031  
\_\_\_\_\_  
(Document number of corporation (if known))

2024 MAR -4  
9 11:31 AM  
FILED

1. Employers Direct Health, Inc.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Texas \_\_\_\_\_ 3. 07/26/2011  
(Incorporated under laws of) (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. \_\_\_\_\_  
(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. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:  
\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President/ Director	Mouzon Bass III	639 Executive Place, Suite 202	<input type="checkbox"/> Add
		Fayetteville, NC 28305	<input checked="" type="checkbox"/> Remove
President/ Director	John Mina	160 Federal Street, 4th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02110	<input type="checkbox"/> Remove
Secretary/ Director	Natalie Logan	160 Federal Street, 4th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02110	<input type="checkbox"/> Remove
Treasurer /Director	Sharon Edwards	160 Federal Street, 4th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. 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)

Natalie Logan  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

Secretary  
 \_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**

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