

F12000004859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

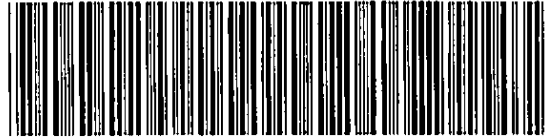
(Document Number)

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FILED
18 JUL -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 05 2018
S. YOUNG

RECEIVED JUN 25 '18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2018

ALICE DYER
CROSS INSURANCEBUSINESS INSURANCE,AGENCY
PO BOX 1388
BANGOR, ME 04402

SUBJECT: BUSINESS INSURANCE AGENCY, INC.
Ref. Number: F12000004859

We have received your document for BUSINESS INSURANCE AGENCY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 718A00012657

RECEIVED
18 JUL -2 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Business Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: F12000004859

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alice Dyer

Name of Contact Person

Cross Insurance/Business Insurance Agency, Inc.

Firm/Company

PO Box 1388

Address

Bangor, ME 04402

City/State and Zip Code

licensing@crossagency.com

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

For further information concerning this matter, please call:

Alice Dyer

at (207)

947-7345

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

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)

F12000004859

(Document number of corporation (if known))

1. Business Insurance Agency, Inc.

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

2. Maine

(Incorporated under laws of)

3. 12/03/2012

(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? 5/4/2018

5. Cross Benefit Solutions, 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)

Royce M. Cross

(Typed or printed name of person signing)

Chairman

(Title of person signing)

FILED
18 JUL -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that CROSS BENEFIT SOLUTIONS, formerly BUSINESS INSURANCE AGENCY, INC., formerly BUSINESS INSURANCE AGENCY, INC., formerly BIAI is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is June 20, 1996.

I further certify that on:

June 20, 1996	ARTICLES OF INCORPORATION were filed.
July 22, 1996	CHANGE OF LEGAL NAME was filed.
June 24, 2002	ASSUMED NAME was filed.
May 05, 2006	ASSUMED NAME was filed.
December 13, 2010	ASSUMED NAME was filed.
March 26, 2015	CHANGE OF CLERK was filed.
October 25, 2017	ASSUMED NAME was filed.
May 23, 2018	CHANGE OF LEGAL NAME was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twelfth day of June 2018.

A handwritten signature in black ink, appearing to read "Matthew Dunlap", is written over a horizontal line.

Matthew Dunlap
Secretary of State

RECEIVED MAY 29 11

STATE OF MAINE
Department of the Secretary of State
Bureau of Corporations, Elections and Commissions
101 State House Station
Augusta, Maine 04333-0101

May 24, 2018

CROSS INSURANCE
ALICE DYER
PO BOX 1388
BANGOR ME 04402

ATTESTED COPIES
WR DCN: 2181432260057

Enclosed please find copies of documents recently placed on file with our office. Each copy has been attested as a true copy of the original and serves as your evidence of filing. We recommend that you retain these permanently with your records.

Charter#: 19962806 D Legal Name: BUSINESS INSURANCE AGENCY, INC.

CHANGE OF LEGAL NAME

DCN: 2181432260058 Page(s) 2

Total Pages 2

DOMESTIC
BUSINESS CORPORATION

STATE OF MAINE

ARTICLES OF AMENDMENT

Business Insurance Agency, Inc.

(Name of Corporation)

Filing Fee \$50.00

File No. 19962806 D Pages 2

Fee Paid \$ 50


DCN 2181432260058 LNME

FILED

05/23/2018


Deputy Secretary of State

A True Copy When Attested By Signature


Deputy Secretary of State

Pursuant to 13-C MRSA §1006, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: The text of the amendment or the information required by 13-C MRSA §121.10.E as set forth in Exhibit A attached, was adopted on (date) May 4, 2018.

The amendment was duly approved as follows: ("X" one box only.)

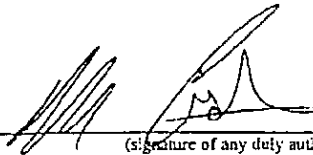
- ☐ by the incorporators – shareholder approval was not required OR
☐ by the board of directors – shareholder approval was not required OR
☒ by the shareholders in the manner required by this Act and by the articles of incorporation.

SECOND: If the amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are set forth in Exhibit ____ or as follows:

THIRD: The effective date of the articles of amendment (if other than the date of filing of the articles of amendment) is date of filing _____.

DATED May 4, 2018

*By


(signature of any duly authorized person)

Royce M. Cross, Chairman of the Board

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer **OR** the clerk. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

FORM NO. MBCA-9 (1 of 1) Rev. 8/1/2004

TEL. (207) 624-7752

Exhibit A

to

ARTICLES OF AMENDMENT

of

BUSINESS INSURANCE AGENCY, INC.

RESOLVED: That the name of the Corporation hereby is changed to

"Cross Benefit Solutions"