

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HEALTH INSURANCE INNOVATIONS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**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)**

F13000000305

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

HEALTH INSURANCE INNOVATIONS, INC.

1. \_\_\_\_\_  
 (Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 01/22/2013  
 (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? March 6, 2020
5. BENEFYTT TECHNOLOGIES, INC.  
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation 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 amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
 (Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
 (City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2020 DEC 16 PM 5:12

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>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <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 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.

Domenick C DiCicco Jr.

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

Domenick C DiCicco Jr.

(Typed or printed name of person signing)

Chief Compliance Officer

(Title of person signing)

**FILING FEE \$35.00**

# Delaware

The First State

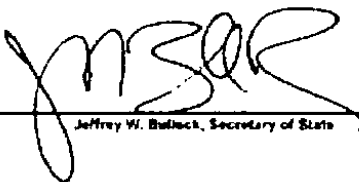
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BENEFYTT TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BENEFYTT TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

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SR# 20208657942

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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Date: 12-15-20