

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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 WBI INSURANCE AGENCY, INC.

RECEIVED 13 SEP 30 PM 4: 57

 Certificate of Status
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 Estimated Charge
 \$35.00

C. LEWIS — OCT 1 2013

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Reba J. Leonard	, do hereby certify
(Name)	
that this Resolution of the Board of Directors of Works	Ite Benefits, Inc. F13000003354
(Name of Corporati	ion)
a corporation duly organized and existing under the laws of	Georgia (State or Country)
was adopted on September 30, 2013	withdrawing the alternate
name of WBI Insurance Agency, Inc.	
(Current Alternate	c Name)
in Florida as its real name is available in Florida.	
Date: 9/30/2013	
Lely Q. Burnard	Vice President
Signature of Chairman, Vice Chairman of the Board, 2 director or any officer	Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Taliabasse, FL 32314

CR2E124 (04/12)