F/3000003354

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	 ⊋ #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

	Amendment Division of (าร				
SUBJE	CT: Worksi	te Benefits, I	nc.				
SCEC	···		Name o	of Corpora	tion		
DOCU	MENT NUN	4BER: F13	000003354				
The enc	losed Amen	dment and	fee are submi	tted for fi	lling.		
Please r	eturn all cor	respondenc	e concerning	this matt	er to the followi	ng:	
Christy F	Fortenberry						
	Na	me of Cont	act Person	<u> </u>			
Homelan	nd HealthCare,	Inc.					
		Firm/Co	npany				
825 Mar	ket Street, Suite	e 300					
-		Addre	SS				
Allen, To	exas 75013						
	C	ity/State an	d Zip Code				
christy.fo	ortenberry@ho	melandhealth	care.com				
E-n	nail address: (to be used t	for future annu	al report n	otification)		
For furt	her informat	ion concer	ning this matt	er, please	call:		
Christy F	Fortenberry			469 at (324-5242		
	Name of Co	ontact Perso	n	Area	Code & Daytime	Teleph	one Number
Enclose	d is a check	for the foll	owing amoun	t:			
X \$3.	5.00 Filing Fee		3.75 Filing Fee & crtificate 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)
				0			

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)

	(1-3 MUS	ST BE COMPLE	(LED)	
		F13000003354		
	(Document num	ber of corporatio	n (if known)	- As
		t in the second		Ol Lin
1		ksite Benefits, In		CRE!
	(Name of corporation as it appear	ars on the records	s of the Department of State)	- 0 AAAA
2.	Georgia	3	8/16/2013	
	(Incorporated under laws of)	J. <u>_</u>	(Date authorized to do busine	ss in Florida RIDA
	S (4-7 COMPLETE ONI	ECTION II LY THE APPLIC	CABLE CHANGES)	
4. If the amendmen	t changes the name of the corpora	ation, when wa	as the change effected unde	r the laws of
its jurisdiction o	f incorporation? 7/31/2015			
5. Homeland@Work,	Inc.			
(Name of corpor	ation after the amendment, adding reviation, if not contained in new	g suffix "corpo name of the c	oration," "company," or "ir orporation)	ncorporated," or
(If new name is u business in Flor	navailable in Florida, enter alternida)	ate corporate r	name adopted for the purpo	se of transacting
6. If the amendmen	t changes the period of duration,	indicate new p	eriod of duration.	
	n/a			
		New duration)		
7. If the amendmen	at changes the jurisdiction of incor	poration, indi	cate new jurisdiction.	
	n/a	•	·	
	(N	ew jurisdiction)		
 Attached is a cer 90 days prior to having custody o 	tificate or document of similar im delivery of the application to the I of corporate records in the jurisdic	port, evidenci Department of tion under the	ng the amendment, authent State, by the Secretary of S laws of which it is incorpo	icated not more than State or other official orated.
/	Bels O. Leonar	L		
عد	(Signature of a director, p of a receiver or other cou	president or other	officer - if in the hands	
Reba J. Leonard		th.	Secretary	

(Title of person signing)

(Typed or printed name of person signing)

Control Number: 13406244

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

HOMELAND@WORK, INC.

a Domestic Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 05/01/2015 and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 7/31/2015



Brian P. Kemp Secretary of State



OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE Suite 313 West Tower Atlanta, Georgia 30334 (404) 656-2817 sos.georgia.gov/corporations

Articles of Amendment of Articles of Incorporation

Article One
he name of the corporation ("corporation") is:
Vorksite Benefits, Inc.
Article Two
he corporation hereby adopts the following amendment to change the name of the corporation. The ew name of the corporation is: comeland@work, Inc.
Article Three
he amendment was duly adopted by the following method (choose one statement only):
The amendment was adopted by the incorporators prior to the issuance of shares.
The amendment was adopted by a sufficient vote of the shareholders.
The amendment was adopted by the board of directors without shareholder action as shareholder action was not required.
Article Four
he date of the adoption of the amendment was: April 28, 2015
Article Five
the undersigned does hereby certify that a request for publication of a notice of the filing of articles of mendment to change the corporation's name along with the publication fee of \$40.00 has been arwarded to the legal organ of the county of the registered office as required by O.C.G.A. §14-2-1006.
Article Six (Check, and if applicable complete, one of the following)
The articles of amendment shall be effective upon the filing with the Secretary of State.
The articles of amendment shall be effective on: at (Date) (Time)
WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on
1ay 1, 2015
RECEIVED Signature Signature
MAY 0 4 2015 Reba J. Leonard Print Name
SECRETARY OF STATE apacity (choose one option only): Chairperson Officer Court-Appointed Fiduciary Attorney In Fact

Email Address: reba.leonard@homelandhealthcare.com