

F16000003525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

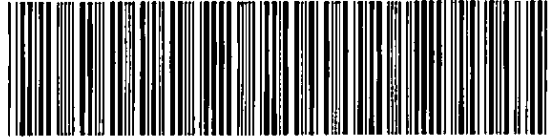
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name did not change in AZ.
No longer allowed to use
the term Medicare in
Florida as of 7/1/2023
dec

Wendy Cort
Wendy Cort

Office Use Only



300407376593

04/23/23--01:20--01:40:20.00

FILED
2023 SEP -7 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FL

(Amend)
Resolution
to adopt
alternate Name

SEP 07 2023

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Medicare Health Benefits Inc
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Whitney McQueen

Name of Contact Person

Senior Market Advisors LLC

Firm/Company

6117 Centennial Blvd

Address

Nashville TN 37209

City/State and Zip Code

wmcqueen@seniormarketadvisors.com

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

For further information concerning this matter, please call:

Whitney McQueen

Name of Contact Person

at (205) 639-2773

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP - 7 PM 1:13

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2023

WHITNEY MCQUEEN
SENIOR MARKET ADVISORS LLC
6117 CENTENNIAL BLVD
NASHVILLE, TN 37209

SUBJECT: MEDICARE HEALTH BENEFITS, INC.
Ref. Number: F16000003525

We have received your document for MEDICARE HEALTH BENEFITS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

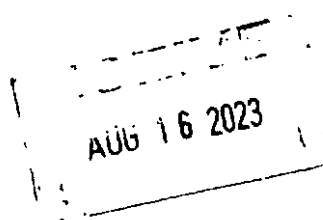
The form you submitted is for a Florida Corporation, but your entity is a Foreign Corporation. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Operations Manager A

Letter Number: 423A00016520





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2023

WHITNEY MCQUEEN
SENIOR MARKET ADVISORS LLC
6117 CENTENNIAL BLVD
NASHVILLE, TN 37209

SUBJECT: MEDICARE HEALTH BENEFITS, INC.
Ref. Number: F16000003525

We have received your document for MEDICARE HEALTH BENEFITS, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Diane Cushing
Operations Manager A

Letter Number: 223A00019884



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

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

(Please print or type)

I, the undersigned Jeffrey Pitta, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Medicare Health Benefits, Inc

(Name of Corporation)

a corporation duly organized and existing under the laws of Arizona
(State or Country)

was adopted on July 1st 2023, adopting the alternate

name of MHB Insurance Agency Inc
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 09/07/2023

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

CEO
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

2023 SEP -7 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED