

F19 000000 2115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

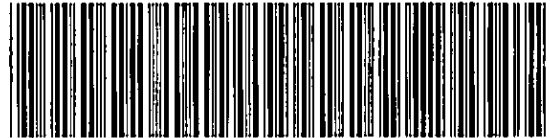
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700366891007

N/C amend

05/27/21--01010--005 **35.00

FILED
2021 MAY 27 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 21 2021
A RAMSEY

Your Benefits Plus, Inc.

130 E. John Carpenter Freeway
Suite 100
Irving, TX 75062

May 20, 2021

RE: Amendment to Application for Conducting Affairs in Florida

Dear Sir or Madam,

Enclosed are the required documents for an amendment to change our name from Association for Independent Americans, Inc. to Your Benefits Plus, Inc.

Amendment to Application for Conducting Affairs in Florida
Required filing fee
Certificate of Existence
Certificate of Amendment of Articles of Incorporation

Please feel free to contact me via email at licensingprocessor@1sas.com or via phone at (214) 446-3227 if you have any questions or require further documentation to process this request.

Sincerely,

Carissa Baldino
Compliance Officer

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Association for Independent Americans

Name of Corporation

DOCUMENT NUMBER: F19000002115

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carissa Baldino

Name of Contact Person

Association for Independent Americans

Firm/Company

130 E. John Carpenter Freeway Ste. 100

Address

Irving, TX 75062

City/State and Zip Code

licensingprocessor@lsas.com

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

For further information concerning this matter, please call:

Carissa Baldino

214 446-3227
at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

NOT FOR PROFIT CORPORATION
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA
(Pursuant to s. 617.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000002115

(Document Number of Corporation (If known))

1. Association for Independent Americans, Inc.

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

2. Iowa

(Incorporated under laws of)

3. 04/25/2019

(Date authorized to conduct affairs in Florida)

SECTION II

(4-8 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? 04/05/2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. Your Benefits Plus, Inc.

(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co." may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

(New duration)

(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

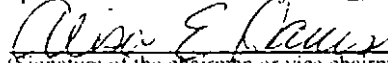
(New jurisdiction)

(Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. 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 the chairman or vice chairman of the board, president, or other officer – if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Alisa E. Davis

(Typed or printed name of the person signing)

Vice President

(Title of person signing)

FILED
2021 MAY 27 AM 8:28
STATE OF FLORIDA
DEPARTMENT OF STATE

IOWA

No: W01295446
Date: 04/19/2021

SECRETARY OF STATE

504RDN-531723
YOUR BENEFITS PLUS, INC.

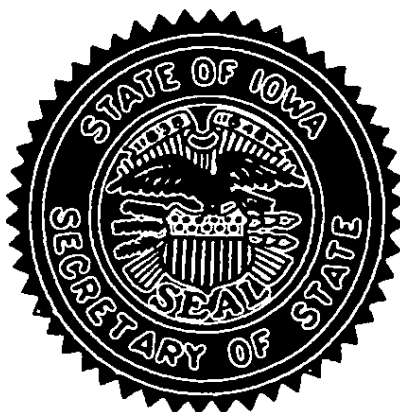
ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

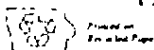
Articles of Amendment

The document was filed on Apr 5 2021 8:09AM, to be effective as of Apr 5 2021 8:09AM.

The amount of \$10.00 was received in full payment of the filing fee.



PAUL D. PATE SECRETARY OF STATE



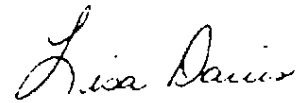
531723

**AMENDMENT TO ARTICLES OF INCORPORATION OF
ASSOCIATION FOR INDEPENDENT AMERICANS
For a Nonprofit Corporation Under Iowa Code 504.1005**

The name of the corporation is amended to: Your Benefits Plus, Inc.

The vote to amend the name of the corporation to Your Benefits Plus, Inc. was dually approved by the board of directors on 2/24/2021 and member approval was not required.

DATED: 3/22/2021



Alisa E. Davis - Vice President

1069493AMEN\$10.00 IAREN12 4/5/21

①

FILED
IOWA
SECRETARY OF STATE
4-5-21
8:09 AM
W01295446

5/20/2021

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 5/20/2021

Name: YOUR BENEFITS PLUS, INC. (504RDN - 531723)

Date of Incorporation: 10/3/2016

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the nonprofit corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Revised Iowa Nonprofit Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS221273**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, reading "Paul D. Pate". The signature is stylized with a large, flowing "P" and "D".

Paul D. Pate, Iowa Secretary of State