F95000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH BENEFIT SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: FORM 406

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA SMOLENSKI
(Name of person)

STONEBRIDGE BENEFIT SERVICES, INC.
(Name of firm/company)

2700 WEST PLANO PARKWAY
(Address)

PLANO, TEXAS 75075
(City/state and zip code)

For further information concerning this matter, please call:

MONICA SMOLENSKI at (972) 881-6405
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

STONEBRIDGE
Benefit Services, Inc.
2700 West Plano Parkway • Plano, Texas 75075-8200

William P. Neubauer
Secretary
(972) 881-6397 FAX (972) 881-6717

October 29, 2004

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

Re: Application for Amended Certificate of Authority
Health Benefit Services, Inc. name change

Dear Sir:

Effective October 1, 2004 the name of Health Benefit Services, Inc. was changed to Stonebridge Benefit Services, Inc. Enclosed please attached completed Application by Foreign Profit Corporation to File Amendment , Certificate from Delaware indicating name change and a check for $43.75 for filing fee.

Please return a certified copy of the Amendment in the enclosed envelope.

If you require any additional information please contact my paralegal, Monica Smolenski at (972) 881-6405. Thank you in advance for your time and consideration of this matter.

Very truly yours,

William P. Neubauer

enclosures

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.)

FILED
04 NOV -8 AM 8:19

SECTION I
(1-3 MUST BE COMPLETED)

F9500003046
(Document number of corporation (if known))

1. HEALTH BENEFIT SERVICES, INC.
(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE
(Incorporated under laws of)

3. JUNE 23, 1995
(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? OCTOBER 1, 2004

5. STONEBRIDGE BENEFIT SERVICES, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

N/A
(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.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

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

10/8/2004
(Date)

WILLIAM P. NEUBAUER
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

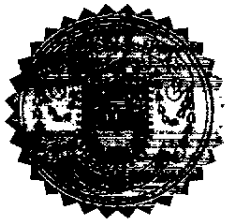
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HEALTH BENEFIT SERVICES, INC.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "STONEBRIDGE BENEFIT SERVICES, INC.", THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2004, AT 10:56 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF OCTOBER, A.D. 2004, AT 3 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3442347

DATE: 10-28-04