

F97000002197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

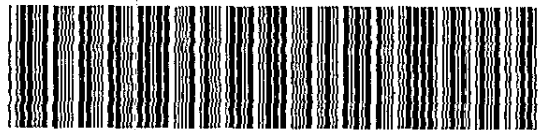
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600039723246

08/16/04--01020--006 \*\*35.00

FILED

04 AUG 15 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

8/18



**SHPS Human Resource Solutions, Inc.**

August 11, 2004

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

Re: Name change for Sykes HealthPlan Service Bureau, Inc.

Dear Sir or Madam:

The purpose of this letter is to inform you that Sykes HealthPlan Service Bureau, Inc., changed its name to SHPS Human Resource Solutions, Inc., effective June 21, 2004. Enclosed please find the required documents evidencing the name change.

If you have any questions or require further information, please do not hesitate to call me at (502) 267-3184 or you may contact me by e-mail at [Cathy.Wells@SHPS.net](mailto:Cathy.Wells@SHPS.net)

Sincerely,

Cathy Wells  
Legal Department

enclosures

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sykes Health Plan Service Bureau, Inc.  
(Name of corporation)

DOCUMENT NUMBER: F97000002197

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Wells  
(Name of person)

SHPS, Inc.  
(Name of firm/company)

11405 Bluegrass Pkwy.  
(Address)

Louisville, KY 40299  
(City/state and zip code)

For further information concerning this matter, please call:

Cathy Wells at (502) 267-3184  
(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

**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)**

F97000002197

(Document number of corporation (if known))

**FILED**  
04 AUG 16 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Sykes Health Plan Service Bureau, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Kentucky  
(Incorporated under laws of)

3. April 25, 1997  
(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? June 24, 2004

5. SHPS Human Resource Solutions, 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)

(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.

\_\_\_\_\_  
(New duration)

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

\_\_\_\_\_  
(New jurisdiction)

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

David P. Haick  
(Typed or printed name of person signing)

8-10-04  
(Date)

Secretary  
(Title of person signing)



ARTICLES OF AMENDMENT OF PRUDENTIAL SERVICE BUREAU, INC. CHANGING  
NAME TO SYKES HEALTHPLAN SERVICE BUREAU, INC. FILED APRIL 1, 1998;  
STATEMENT OF CHANGE OF REGISTERD OFFICE OR REGISTERED AGENT OR  
BOTH FILED NOVEMBER 6, 2003;  
ARTICLES OF AMENDMENT OF SYKES HEALTHPLAN SERIVCE BUREAU, INC.  
CHANGING NAME TO SHPS HUMAN RESOURCE SOLUTIONS, INC. FILED JUNE 24,  
2004.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my  
Official Seal at Frankfort, Kentucky, this 29th day of July, 2004.



*Tn6z*

Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
mstratton/0263899 - Certificate ID: 2524



**Trey Grayson**  
**Secretary of State**

**Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**SHPS HUMAN RESOURCE SOLUTIONS, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is October 3, 1989 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

I further certify that the following documents have been filed as follows:

ARTICLES OF INCORPORATION OF PRUDENTIAL SERVICE BUREAU, INC. FILED  
OCTOBER 3, 1989;  
SIXTY DAY NOTICE 1990;  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FILED MARCH 18, 1997;