

4/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

Please keep original
filing date of 4/20/2020

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ALICARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

APR 24 2020

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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)

F98000002324

(Document number of corporation (if known))

1. Alicare, inc.
(Name of corporation as it appears on the records of the Department of State)
2. New York 3. April 23, 1998
(Incorporated under laws of) (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? March 20, 2020
5. Amalgamated Employee Benefits Administrators, 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)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
2020 APR 20 AM 9:21
CLERK OF DISTRICT
CLERK OF SUPERIOR
CLERK OF CIRCUIT
CLERK OF COUNTY

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Ellen R. Dunkin

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

FILING FEE \$35.00

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on March 23, 2020.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

03-19-2013 3:51PM

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200320000



Division of Corporations,
State Records and
Uniform Commercial Code

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
89 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

Alicare, Inc.

(Insert the Current Name of Domestic Corporation)
(Name change only)

Under Section 805 of the Business Corporation Law

FIRST: The current name of the corporation is:

Alicare, Inc.

If the name of the corporation has been previously changed, the name under which it was originally formed is:

Alivest, Inc.

SECOND: The date of filing of the certificate of incorporation with the Department of State is:

May 27, 1987

THIRD: The amendment effected by this certificate of amendment is as follows:

Paragraph FIRST of the Certificate of Incorporation relating to the name of the corporation is amended to read in its entirety as follows:

FIRST: The name of the corporation is:

Amalgamated Employee Benefits Administrators, Inc.

FOURTH: The certificate of amendment was authorized by: (Check the appropriate box)

- ☐ The vote of the board of directors followed by a vote of a majority of all outstanding shares entitled to vote thereon at a meeting of shareholders.
- ☒ The vote of the board of directors followed by the unanimous written consent of the holders of all outstanding shares.

x Ellen R. Dunkin
(Signature)

Ellen R. Dunkin
(Name of Signer)

Senior Vice President
(Title of Signer)

03-19-20;03:51PM;

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**Department of
Financial Services**

ANDREW M. CUOMO
Governor

LINDA A. LACEWILL
Superintendent

RINKER BIDDLE & REALTH LLP
ATTN: KRISTI M GARRETT
1177 AVENUE OF THE AMERICAS, 41ST FL FLOOR
NEW YORK NY 100362714

October 07, 2019

THE NAME AMALGAMATED EMPLOYEE BENEFITS ADMINISTRATORS INC HAS BEEN APPROVED AS A CHANGE FROM ALICARE INC. AND WILL BE RESERVED FOR A PERIOD OF SIX MONTHS DURING WHICH TIME A LICENSE MUST BE ISSUED IN THE NEW NAME. SINCE THIS IS A CHANGE TO A CURRENTLY LICENSED NAME, NEITHER AN APPLICATION NOR A FEE IS REQUIRED.

BEFORE WE CAN ISSUE A LICENSE IN THE NEW NAME WE NEED THE RETURN OF THE LICENSE ISSUED IN THE PREVIOUS NAME. WE REQUIRE A COPY OF THE NEW YORK STATE DEPARTMENT OF STATE FILING RECEIPT SHOWING THAT THE NAME HAS BEEN AMENDED. YOU MAY CONTACT THAT DEPARTMENT BY CALLING 518-473-2492 OR BY WRITING THEM AT NYS DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, ONE COMMERCE PLAZA, 99 WASHINGTON AVENUE, ALBANY, NY 12231-0001.



Very truly yours,

LICENSING BUREAU
TEL. (518) 474-6630

dph

ONE COMMERCE PLAZA, ALBANY, NY 12257: WWW.DFS.NY.GOV

03-19-20;03:51PM;

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CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

Alicare, Inc.*(Insert Current Name of Domestic Corporation)*

Under Section 805 of the Business Corporation Law

Filer's Name and Mailing Address:

Andrea Duncliffe*Name:*McDermott Will & Emery LLP*Company, if Applicable:*340 Madison Avenue*Mailing Address:*New York, New York 10173*City, State and Zip Code:*

NOTES:

1. This form was prepared by the New York State Department of State to amend paragraph FIRST of a certificate of incorporation to change the name of a domestic corporation. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
2. The name of the corporation and its date of incorporation provided on this certificate must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
3. The Department of State recommends that all documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$60 filing fee.

*For Office Use Only*STATE OF NEW YORK
DEPARTMENT OF STATE
FILED

MAR 20 2020

TAX S

BY:

RECEIVED

2020 MAR 19 PM 4:03