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## **COVER LETTER**

TO: Amendment Section

Division of Corpor	rations		
NAME OF CORPOR	ation: <u>Sunbelt</u>	Benefits, 1	ηC
DOCUMENT NUMB	ER: HO1476	)	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
-		Name of Contact Person  Benefits,  Firm/ Company	Inc
-		Firm/ Company	
~	1062 H	wy 92 V	V
-	Auburnda	e FL 35 City/ State and Zip Code	3823
	E-mail address: (to be us	egma, , Consed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Lama	r Vice		207-1647
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	▼\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	Street .	Address .
Amer	ndment Section	Amend	ment Section
	ion of Corporations		n of Corporations
	Box 6327 hassee, FL 32314		Building xecutive Center Circle
. 41115		= 00 I to	

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

	or por action	
Support Rome Etc	loc	
(Name of Corporation as currently	r filed with the Florida Dept. of State	
HO1476		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Floridu Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "i	Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	············
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_MA	T NOV -2
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent		PH F: 18
(Florida stre	vet address)	
New Registered Office Address:   New Registered Office Address:	. Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the po	sition.

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	SDT	Vice, Spencer	1062 Hwy 92 W
Add			Auburndak, FL33823
_X_ Remove			
2) Change	SDT	Vice, Kenneth	lob2 Hwy 92 W Auburndale FL 33823
Remove			- VIDILIKIQUE, - J. JUA
3) Change	D	Vice, Matthew	1062 Huy 92 W Auburndale FL 33823
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			<del>.</del>
Remove			

E. <u>If amendin</u>	ng or adding additional Articles, enter change(s) here:
(Attach ada	litional sheets, if necessary). (Be specific)
	N/A
	I and the second se
	<del></del>
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If an amer	idment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provision</u>	s for implementing the amendment if not contained in the amendment itself: t applicable, indicate N/A)
	V/A
	· ·
	<del></del>
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The date of each amendment(s) adoption: 10/26/2017 , if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10/26/2017 Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Lamar Vice (Typed or printed name of person signing)
CPD
(Title of person signing)