## HOMA TO

(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



600330265966

06/05/19--01006 --010 →•52,50

2019 JUN - 5 PH 3: 49

JUN 20 2019 C Kinsey

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	11 11-	It Benefit	s Inc.
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
-	Sunbelt 1062 H. Auburndo	Marc of Contact Person  Benefits    Firm/Company  My 92 M  Address  Address  City/ State and Zip Code  Carail.	nc 823
		sed for future annual report	
For further information	concerning this matter, pleas	ae call: at ( <b>863</b>	2-07-1647
	f Contact Person	at ( Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee	☐\$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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation of

Sunbelt Benefits, 1	n(		
	y filed with the Florida Dept. of State	)	
H01476			
(Document Number of	Corporation (if known)	<u> </u>	<del></del> -
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	following ame	endment(s) to
A. If amending name, enter the new name of the corporation:			
NIA		The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation nam	r the abbres	ciation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	SEOPL TALLL	— —
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address Λ Γ / Δ		MASSEE, F	
Name of New Registered Agent V _ T		<u> </u>	•
New Registered Office Address: V/A	, Florida	(Zin Code)	
ľ	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		osition.	
NA	legistered Agent, if changing		
Signalure of New R	egistered 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>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Vice, Matthew	1062 Hwy 92 W
Add		·	Auburndale FL 33823
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

zviacu aaaimo	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
	N/A	
	·	<del></del>
		<del></del>
	<del></del>	
<del>-</del>		
		<del>.</del>
		-
f an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions fo</u>	or implementing the amendment if not contained in the amendment itself:	
	plicable, indicate N(A)	
	NA	
	•	-
<del></del> -		
<del></del>		
	·	

The date of each amendment(s) adoption: _ date this document was signed.	05/31	2019		, if other than the
Effective date if applicable:	OS 31	2019	lment file date)	<del>-</del>
Note: If the date inserted in this block does document's effective date on the Department o	not meet the appl	•		ill not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. Thapproval.	ne number of votes c	ast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders thi g group entitled to	rough voting groups o vote separately on	. The following statement the amendment(s):	
"The number of votes east for the ame	ndment(s) was/we	ere sufficient for app	proval	
by	ting group)	- <del></del>		
<ul> <li>□ The amendment(s) was/were adopted by the action was not required.</li> <li>□ The amendment(s) was/were adopted by the action was not required.</li> </ul>				
Signature  (By a director, presselected, by an incomposited fiduciary)	orporator – if in th	e hands of a receive	officers have not been er, trustee, or other court	
	amar (Typed or printed	name of person sign	ning)	
	CPD	of person signing)		