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2005 AUG 15 P 2:50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHS Admin LLC AKA New Source Benefits LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Betty J Hutchins
(Name of Person)

New Source Benefits LLC
(Firm/Company)

P O Box 6305
(Address)

Spartanburg SC 29304
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty Hutchins at (864) 327-3091
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

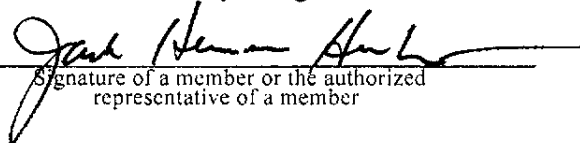
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SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: CHS Admin LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 1-15-2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 5-09-2005
5. New name of the limited liability company: New Source Benefits LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Jack Henson Hawkins

Typed or printed name of signee

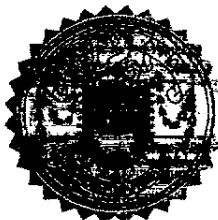
Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW SOURCE BENEFITS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JULY, A.D. 2005.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3731622 8300

AUTHENTICATION: 4057361

050614195

DATE: 07-29-05

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:00 AM 05/09/2005
FILED 08:00 AM 05/09/2005
SRV 050376721 - 3731622 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CHS Admin LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Resolved, that the Corporation's name be, and it hereby is, changed from "CHS Admin LLC" to "New Source Benefits LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
27th day of April, 2005.

By: Jack H. Hawkins
Jack H. Hawkins, Member