M11000002615

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/27/11--01023--003 **25.00



B. BOSTICK
DEC **2 9 2011**

EXAMINER



Central Licensing Bureau, Inc.

"SUITE 550 LITTLE ROCK, ARKANSAS 72207-5271 www.centrallicensingbureau.com (501) 664-8044 FAX - (501) 664-6182

December 21, 2011

Florida Secretary of State Corporations Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the documents necessary to change the name of eBenefits Partner, LLC to **Beneration**, **LLC** in your state.

Thank you for your consideration of this filing.

Sincerely,

Detra Reed

Initial Licensing Division

dreed@centrallicensingbureau.com

/dr

Enclosures

M DEC 27 EA GOT

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT: eBend	efits Partner, LLC (Name of Foreign	n Limited Liabi	lity Compar	ny)	
Dear Sir or Madam	:				
The enclosed applie	cation, certificate and fee(s) are submitted	for filing.		
Please return all co	rrespondence concerning t	his matter to the	e following:	:	
Detra Reed					
	(Name of Person)				
Central Licensing Bu	reau			=1.0	
	(Firm/Company)				1962 1962 1963
1501 N. University,	¥550			37.77 07.7 07.7	r3 ;
	(Address)			150 mg (3
Little Rock, AR 7220	07			LORIC	PN 4: 97
	(City/State and Zip Co	de)		A	-
For further informa	tion concerning this matte	r, please call:			
Detra Reed		at (_501)	664-8044		
(Nai	me of Person)	(Area Code &	Daytime T	elephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a chec	k for the following amou	nt:			
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status		ng Fee & Copy	\$60 Filing Fee, Certificate of Status	&

'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

Name of limited liability company as it appears on the re State: <u>eBenefits Partner, LLC</u>	ecords of the Florida Department of
2. Jurisdiction of its organization: Pennsylvania	M11000002695
3. Date authorized to do business in Florida: May 23, 2011	
SECTION II (4-7 complete only the	applicable changes)
 If the amendment changes the name of the limited liabili change effected under the laws of its jurisdiction of organ 	
5. New name of the limited liability company: Beneration,	LLC
(must end with "Lir	nited Liability Company, "'L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the p Florida and attach a copy of the written consent of the mana the alternate name. The alternate name must end with "Limi or "LLC.")	gers or managing members adopting
6. If the amendment changes the period of duration, indicat	
7. If the amendment changes the jurisdiction of organization	
8. If the amendment corrects any false statement, indicate correction:	
Attached is an original certificate, no more than 90 days amendment(s), duly authenticated by the official having under the law of which this entity is organized. Signature of a member or the authorized response of the authorized respon	epresentative of a member

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

DECEMBER 21, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Beneration, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

SEUNLING STATE STATE
FALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 9983514-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify asp