

M/2000001744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

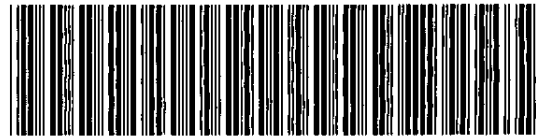
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**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
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**DATE:** 4/21/14

**NAME:** WORKPLACE BENEFITS LLC

**TYPE OF FILING:** AMENDMENT

**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: WORKPLACE BENEFITS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Pasquale  
Name of Person

Bay State Corporate Services, Inc.  
Firm/Company

6 Beacon Street, Suite 510  
Address

Boston, MA 02108  
City/State and Zip Code

MichaelM@workplaceoptions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Pasquale at ( 617 ) 742-8484  
Name of Person Area Code & Daytime Telephone 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 check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

2014 APR 21 AM 9:50  
 OFFICE OF THE  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

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: WORKPLACE BENEFITS, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 03/27/2012

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

4. New name of the limited liability company: WORKPLACE OPTIONS, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_

\_\_\_\_\_

7. Attached is an original certificate, if required: 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 the authorized representative

CAREY D DEBNAM

Typed or printed name of signee

Filing Fee: \$25.00

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WORKPLACE BENEFITS, LLC", CHANGING ITS NAME FROM "WORKPLACE BENEFITS, LLC" TO "WORKPLACE OPTIONS, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF MARCH, A.D. 2014, AT 8 O'CLOCK A.M.

3957474 8100

140492423

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1304716

DATE: 04-21-14

89680

**WORKPLACE OPTIONS**

RECEIVED

2014 MAR 5 AM 8 00

DIVISION OF  
CORPORATIONS

February 25, 2014

Delaware Division of Corporations  
401 Federal Street - Suite 4  
Dover, DE 19901

Re: Certificate of Amendment  
Workplace Benefits, LLC

902 83-04  
STF  
39574-74

Dear Sir or Madame:

Please find included herewith a Certificate of Amendment for Limited Liability Company regarding Workplace Benefits, LLC, a limited liability company formed in the State of Delaware on April 19<sup>th</sup>, 2005 with an identifying file number of 3957474.

Should any additional information be necessary, the undersigned may be reached as follows:

C. Dean Debnam  
CEO  
Workplace Benefits, LLC  
2912 Highwoods Boulevard, Suite 100  
Raleigh, NC 27604  
(919)834-6506  
[Dean@workplaceoptions.com](mailto:Dean@workplaceoptions.com)

Sincerely,



C. Dean Debnam  
CEO, Workplace Benefits, LLC

CK# 1035  
\$20000

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 08:00 AM 03/05/2014  
FILED 08:00 AM 03/05/2014  
SRV 140294122 - 3957474 FILE

**STATE OF DELAWARE**  
**CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company:

Workplace Benefits, LLC

2. The Certificate of Formation of the limited liability is hereby amended as follows:

The name of the limited liability company is Workplace Options, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 25th day of February, A.D. 2014.



C. Dean Debnam  
CEO, Workplace Benefits, LLC