

N 04/0000007204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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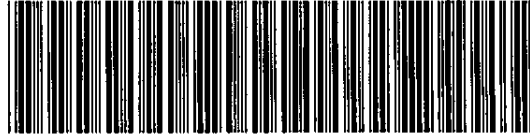
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DENTAL BENEFITS RESOURCE ASSOCIATION INC
DOCUMENT NUMBER: N04 000007204

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT MACDONALD

Name of Contact Person

DENTAL BENEFITS RESOURCE ASSN INC

Firm/ Company

10801 STARKEY RD # 104-221

Address

SEMINOLE, FL 33777

City/ State and Zip Code

DBRAOFFICE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MACDONALD

Name of Contact Person

at (850) 284-4490

Area Code & 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

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DENTAL BENEFITS RESOURCE ASSOCIATION INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N04000007264

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

DIVERSIFIED BENEFITS RESOURCE ASSOCIATION INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated," or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|------------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>MICHAEL MCKENNA</u> | <u>93 LONGWATER CIR</u>
<u>NORWELL, MA 02061</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PE</u> | <u>RICHARD SKYBA</u> | <u>FJA-US</u>
<u>421 HIGH ST. #206</u>
<u>OREGON CITY, OR 97041</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>IPP</u> | <u>RAY MARTIN</u> | <u>4301 SAINT VINCENT AVE.</u>
<u>ST. LOUIS, MO 63119</u> |
| 4) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>IPP</u> | <u>CHACKO KURIAN</u> | <u>200 W. DOUGLAS ST.</u>
<u>SUITE 240</u>
<u>WICHITA, KS 67202</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>JEN FRANK</u> | <u>205 WEST DARES BEACH RD.</u>
<u>PRINCE FREDRICK, MD 20676</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>KYLE MORROW</u> | <u>205 WEST DARES BEACH RD</u>
<u>PRINCE FREDERICK MD 20676</u> |

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>V</u>	<u>CRYSTAL WILLIAMS</u>	<u>P.O. BOX 2284</u> <u>PAKM SPRINGS, GA 92263</u>
2) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>BILL SHIMP</u>	<u>777 GOODALE AVE.</u> <u>COLUMBUS, OH 43212</u>
3) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>D</u>	<u>STEVE TARDANICO</u>	<u>93 LONGWATER CIR</u> <u>PO BOX 869</u> <u>NORWELL, MA 02061</u>
4) ____ Change ____ Add ____ Remove	_____	_____	_____
5) ____ Change ____ Add ____ Remove	_____	_____	_____
6) ____ Change ____ Add ____ Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: SEPTEMBER 15, 2014, if other than the date this document was signed.

Effective date if applicable: JAN 1, 2015
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ 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 DEC 15, 2014

Signature Robert MacDonald
(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)

ROBERT MACDONALD
(Typed or printed name of person signing)

SECRETARY - TREASURER
(Title of person signing)