

PO10000007574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

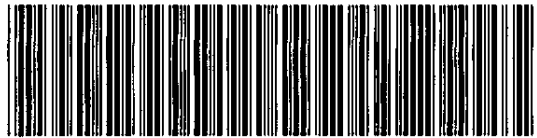
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/10 10:19:09 **52.50

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FILED
10 JUN 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 24 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2010

MATT CRABTREE
BENEFIT SOLUTIONS OF FLORIDA
9360 SW 55TH STREET
COOPER CITY, FL 33328

SUBJECT: MERCURY MAILING SERVICE, INC.
Ref. Number: P01000007574

We have received your document for MERCURY MAILING SERVICE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000026855 - BENEFIT SOLUTIONS, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 110A00012803

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mercury Mailing Service, Inc.

DOCUMENT NUMBER: P01000007574

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

Please return all correspondence concerning this matter to the following:

Matt Crabtree

Name of Contact Person

Mercury Mailing Service

Firm/ Company

9360 SW 55th Street

Address

Cooper City, FL 33328

City/ State and Zip Code

mcrabtree55@hotmail.com

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

For further information concerning this matter, please call:

Matt Crabtree

Name of Contact Person

at (305)

439-5479

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

↳ already pd.

☐ \$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

Mercury Mailing Service, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000007574

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Insurance Benefits Source, 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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Naomi Crabtree	9360 SW 55th Street Cooper City, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Loren D. Crabtree	100 Park Forest Franklin, IN 46131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Grace Rehman	9200 SW 73rd Rd. Pinecrest, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

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)

The date of each amendment(s) adoption: 6/1/2010

(date of adoption is required)

Effective date if applicable: 6/1/2010

(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 6/19/2010

Signature

Matt A. Crabtree

(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)

Matt A. Crabtree

(Typed or printed name of person signing)

President

(Title of person signing)