

PO1000099860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

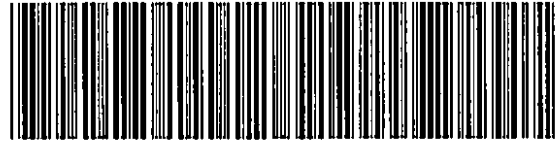
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Restated  
Articles*

05/07/21--01007--028 \*\*52.50

FILED  
2021 MAY -7 AM 11:25

JUN 2 3 2021

A RAMSEY

**COVER LETTER**

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

**SUBJECT:** Renaissance Benefit Advisors  
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$52.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Bryn Scarborough  
Name (Printed or typed)

1111 Lucerne Terrace  
Address

Orlando FL 32806  
City, State & Zip

407-324-6080  
Daytime Telephone number

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

**NOTE: Please provide the original and one copy of the document.**

**RESTATED ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
2021 MAR -7 11:11:25

ARTICLE I NAME Renaissance Benefit Advisors, Inc.  
The name of the corporation is:

ARTICLE II RESTATED ARTICLES Amendment to original Articles of Incorporation  
The text of the Restated Articles is as follows:

Addition of Partnership Agreement Appendix A Partnership Agreement:

Percentage of Partnership / Shareholder Interest:

Richard M Scarborough: 60%

Bryn K Scarborough: 40%

**ARTICLE III OFFICERS AND/OR DIRECTORS (optional)**

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

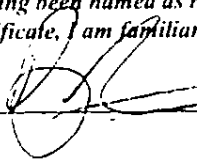
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Richard Scarborough</u>	<u>1111 Lucerne Terrace Orlando FL 32806</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Bryn Kiley Scarborough</u>	<u>1111 Lucerne Terrace Orlando FL 32806</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>O</u>	<u>Bryn Kiley Scarborough</u>	<u>1111 Lucerne Terrace Orlando FL 32806</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Bryn Kiley Scarborough  
Address: 1111 Lucerne Terrace  
Orlando FL 32806

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

4/29/2021  
\_\_\_\_\_  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document:

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

**Check if applicable:**

- The amendment(s) is/are being filed pursuant to s. 607.0120(11)€, F.S.

The date of each amendment(s) adoption is: 3/15/2021  
if other than the date this document is signed.

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting group. *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 was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

**ARTICLE VIII EFFECTIVE DATE:**

**3/15/2021**


Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Dated: 4/29/2021

Signature: 

(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)

**Bryn Scarborough**

\_\_\_\_\_  
(Typed or printed name of person signing)

**CEO**

\_\_\_\_\_  
(Title of person signing)