

PO3000072243

(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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800075552308

name change

Amend

FILED
06 JUN -8 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*document lost -
filed with copy
of cancelled check*

*ROR
6/8/06*

Space Coast Uniphyd Health Plan Corporation
1900 S Harbor City Blvd. Ste. 315
Melbourne, FL 32901

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

June 7, 2006

Dear Ms. Ramsy,

Per our earlier conversation, please find the missing Articles of Amendment not filed with the state. Also attached you will find the check that was attached to this filing that has cleared our bank account. I would appreciate it if you would please apply this credit.

Should you have any questions or concerns, please call my assistant Leigh Gerke at 321-308-0126.

Thank you,

A handwritten signature in black ink, appearing to read "Michael W. Hawkins". The signature is written in a cursive style with a horizontal line extending to the right.

Michael W Hawkins
CEO

WACHOVIA

Close

ONLINE IMAGE

ACCOUNT NUMBER:

2000026082369

Check Number

Amount

Date Posted

1548

\$35.00

04/12/2006

AVANTE HOLDING GROUP INC 1800 S HARBOR CITY BLVD #315 MELBOURNE, FL 32901		1548 4/12/2006
Per TO THE ORDER OF: Department of State		\$ 35.00
Thirty-Five and 00/100		DOLLARS
Department of State		
MEMO Corporate Name Change		<i>M. D. Hart</i> AUTHORIZED SIGNATURE
001548 *0631075130200022082369*		*0000033500*

APR 12 2006 10:12 AM WACHOVIA BANK 100 WALL ST NEW YORK, NY 10038	2353 00100
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Print page

How to save

FAQs

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Space Coast Uniphyd Health Plan Corporation

DOCUMENT NUMBER: P03000072243

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

Please return all correspondence concerning this matter to the following:

Michael W Hawkins

(Name of Contact Person)

Avante Holding Group, Inc.

(Firm/ Company)

1900 S Harbor City Blvd., Ste. 315

(Address)

Melbourne, FL 32901

(City/ State and Zip Code)

For further information concerning this matter, please call:

Leigh Gerke

(Name of Contact Person)

at (321) 308-0126

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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

Space Coast Uniphyd Health Plan Corporation
(Name of corporation as currently filed with the Florida Dept. of State)

P03000072243
(Document number of corporation (if known))

06 JUN -8 PM 2:06
FILED
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:

NEW CORPORATE NAME (if changing):

Render Payment Corporation

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Officers and Directors will be amended as follows:

Chief Executive Officer- Michael W. Hawkins

Chief Compliance Officer-Gina Bennett

Chief Technology Officer- Jayson Benoit

Chief Marketing Officer- Christian Rishel

Chief Financial Officer- Bruce Harmon

Corporate Secretary- Leigh Gerke

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 4/7/2006


Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

- The amendment(s) was/were approved 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.

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)

Michael W Hawkins
(Typed or printed name of person signing)

CEO
(Title of person signing)