

P04000064974

(Requestor's Name)

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☐ PICK-UP

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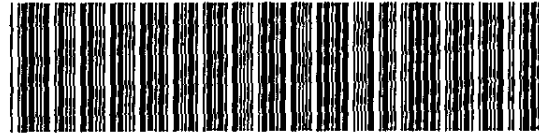
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-3
M/CHG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rothschild Benefits Insurance Group, Inc

DOCUMENT NUMBER: 61 1464274

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

Please return all correspondence concerning this matter to the following:

John Rothschild
(Name of Contact Person)

Rothschild Benefits Insurance Group, Inc
(Firm/ Company)

283 Cines Road Blvd #111
(Address)

Altamonte Springs FL 32701
(City/ State and Zip Code)

For further information concerning this matter, please call:

John Rothschild at (407) 585 2112
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 21, 2005

JOHN ROTHSCCHILD
283 CRANES ROOST BLVD., #111
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ROTHSCCHILD BENEFITS & INSURANCE GROUP INC.
Ref. Number: P04000064974

We have received your document for ROTHSCCHILD BENEFITS & INSURANCE GROUP INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check one of the boxes under the Adoption of Amendment on the 2nd page.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 305A00057909

PO Box 6327
Pensacola, Florida 32509
Tel

Articles of Amendment
to
Articles of Incorporation
of

Rothschild Benefits & Insurance Group Inc.

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

61-1464274-04000064974

(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:

NEW CORPORATE NAME (if changing):

Progressive Benefit Solutions, Inc.

(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)**

(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)

(continued)

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The date of each amendment(s) adoption: 9/1/05

Effective date if applicable: 9/1/05
(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)

John Rothschild

(Typed or printed name of person signing)

president

(Title of person signing)

FILING FEE: \$35