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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Solstice Benefits, Inc			
DOCUMENT NUMBER:	UMBER:P04000156909			
The enclosed Articles of Amendment and fe	ee are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
· .	David Meyerson			
	Name of Contact Person			
	Solstice Benefits, Inc			
	Firm/ Company			
790	1 SW 6th Court, Suite 400			
	Address			
	Plantation, FL 33324			
	City/ State and Zip Code			
finance E-mail address: (to be	@solsticebenefits.com used for future annual report notification)			
For further information concerning this matter	ter, please call:			
David Meyerson	at (954) 37 Area Code & Daytime Tele	70-1706		
Name of Contact Person	Area Code & Daytime Tele	ephone Number		
Enclosed is a check for the following amount	nt made payable to the Florida Depart	tment of State:		
☑ \$35 Filing Fee	☐ \$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	Street Address Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e		

Articles of Amendment Articles of Incorporation

Solstice Benefits, Inc.

2011 JAN 6 AM 8:51 (Name of Corporation as currently filed with the Florida Dept. of State)

P04000156909

(Document Number of Corporation (if known)

	of the corporation:	
		The nev
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or th me must contain the word "chartered," "pi	ne designation "Corp," "Inc," or "C	o". A professional corporation
Enter new principal office address, if ap	pplicable:	
rincipal office address <u>MUST BE A STRE</u>		
Pater and mailing address if applicable	lo.	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
If amending the registered agent and/or		a, enter the name of the
new registered agent and/or the new reg	gistered office address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	4	
New Registered Office Address:		, Florida
New Registered Office Address:	(City)	(7in Code)
New Registered Office Address:	(City)	(Zip Code)

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>	Address	Type of Action
<u>COO</u>	Carlos Ferrera	7901 SW 6th Court, Suite 400 Plantation, FL 33324	_ ☑ Add □ Remove
			_
			_
	dditional sheets, if necessary). (Be	specificy	
<u>provisi</u>	nendment provides for an exchangons for implementing the amendment of applicable, indicate N/A)	e, reclassification, or cancellation of issent if not contained in the amendment	sued shares, itself:
	·		

The date of each amendmen	t(s) adoption: 01	I/03/2011
Effective date <u>if applicable</u> :	01/01/2011	(date of adoption is required)
	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amend	dment(s) was/were sufficient for approval
by	(voting group)	.,,
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Dated 01/0	3/2011	ap De
(By sele		lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Michael Flax
	(Тур	ped or printed name of person signing)
		President
	(Title of	f person signing)