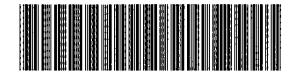
P06000109709

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Mend

SEP 25 2012 T. ROBERTS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Global Insurance Benefits Tre.				
DOCUMENT NUMBER: <u>P06000109709</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cynthia J Smith Name of Contact Person Global Trouvance Brefits				
Firm/Company 7893 Kendrick Court Address				
Manascas VA 2012 City/ State and Zip Code				
Cyrthia Global Trourance @ gmail. com E-mail address: (to be used for future annual report flotification)				
For further information concerning this matter, please call:				
Cynthia TSwith Name of Contact Person at (703) 791.3013 Area Code & Daytime Telephonic Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incor	poration
Clobal Insurance Corporation as currently filed with the Flor P06000109709 (Document Number of Corporation (if ke	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.2"	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the
,	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age	
Signature of their Registered Age	ni, ij chunging

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 <math>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: X Change	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title P	Name	<u>Addres</u> s
1) Change	President	Cynthia T Smith	1893 Kendrick Court Managas, VA 2012
Add		. 0	Managas, VA 2012
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not approxime, material (n/1)	

he date of each amendment(s) ac	loption: 9-20-12	
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fue date)	
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
Dated <u>09.20</u>	0. 2012	
selected	rector, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other content of the fiduciary by that fiduciary)	
-	Cynthia T Swith (Typed or printed name of person signing)	<u></u>
	President	
	(Title of person signing)	