

P08000045629

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

7/28/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Third Party Benefits of Florida, Inc.

**DOCUMENT NUMBER:** P08000045629

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

Please return all correspondence concerning this matter to the following:

Julie Ritter

(Name of Contact Person)

Third Party Benefits of Florida, Inc.

(Firm/ Company)

831 N. Hercules Ave

(Address)

Clearwater, FL 33765

(City/ State and Zip Code)

For further information concerning this matter, please call:

Julie Ritter

(Name of Contact Person)

at ( 727 ) 475-4691

(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

RECEIVED  
JUL 24 10 00 AM '00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2008

JULIE RITTER  
THIRD PARTY BENEFITS OF FLORIDA, INC.  
831 N HERCULES AVE  
CLEARWATER, FL 33765

SUBJECT: THIRD PARTY BENEFITS OF FLORIDA, INC.  
Ref. Number: P08000045629

We have received your document for THIRD PARTY BENEFITS OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

All changes should be added to the Articles of Amendment.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 508A00042492

Articles of Amendment  
to  
Articles of Incorporation  
of

Third Party Benefits of Florida, Inc.

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

P08000045629

(Document number of corporation (if known))

FILED  
2008 JUL 24 AM 11:26  
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):**

(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)

Article VII, The amended officers and/or directors of the corporation are:

Title: D/P, Thomas Brooks, 831 N. Hercules Ave, Clearwater, FL 33765

Title: VP/T, Julie Ritter, 831 N. Hercules Ave, Clearwater, FL 33765

Title: S, Julie Ritter, 831 N. Hercules Ave, Clearwater, FL 33765

(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)

Article IV, The number of shares the corporation is authorized to issue is:

2000 Shares Issued @ 583.34 Par Value

(continued)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Third Party Benefits of Florida, Inc.
2. The principal office address: 831 N. Hercules Ave.  
Clearwater, FL 33765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/06/2008 Document number: P08000045629
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

Tallahassee, FL 32301 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Julie Ritter

831 N. Hercules Ave.

(P.O. Box NOT acceptable)

Clearwater, FL 33765

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Tom Brooks, D/P

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

7/15/2008  
(Date)

If signing on behalf of an entity:

Julie Ritter  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

The date of each amendment(s) adoption: 07/15/2008

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)

Thomas Brooks

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

D/P

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

**FILING FEE: \$35**