P.11000007328

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M 3-16-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	BeneSource HR Inc		
DOCUMENT NU	MBER:	P11000007328		
The enclosed Artic	cles of Amendment and fee a	submitted for filing.		
Please return all co	prrespondence concerning th	matter to the following:		
		Gary Cona		
Name of Contact Person				
BeneSource HR Inc				
	Finn/ Company			
	160 E Bloomingdale Ave			
	Address			
	Д	ndon El 33511		
	Brandon, FL 33511 City/ State and Zip Code			
	gary@h	nesourcehr.com		
	E-mail address: (to be use	or future annual report notification)		
For further inform	ation concerning this matter,	ease call:		
	Gary Cona	at (813) 66 Area Code & Daytime Tele	62-1131	
Name	of Contact Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a chec	k for the following amount n	de payable to the Florida Depart	tment of State:	
₹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 A	ddress	Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circl	e	

Tallahassee, FL 32301

Articles of Amendment

to	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Articles of Incorporation	The Park
of	11 MAR 14 PM 12: 40
Source HR Inc	15817 PM 12.1
rently filed with the Florida Dept. of	State ALLAN Ally
Source HR Inc rently filed with the Florida Dept. of	SSEE, FLORID
mber of Cornoration (if known)	

Bene:

(Name of Corporation as cur

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

designation "Corp," "Inc,"	ompany," or "incorporated" or the or "Co". A professional corporation abbreviation "P.A."
icable: FADDRESS)	
E ROX)	
egistered office address in F tered office address:	lorida, enter the name of the
(Florida street addi	ress)
	designation "Corp," "Inc," of the essional association," or the icable: "ADDRESS") B BOX

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>	<u>Address</u>	Type of Action
<u>VP</u>	Chris S Cona	18014 Lithia Ranch Rd Lithia, FL 33547	☐ Add ☐ Remove
			
			Add Remove
E, If amend	ding or adding additional Articles, enditional sheets, if necessary). (Be sp	nter change(s) here: pecific)	
	nendment provides for an exchange,		
	ons for implementing the amendmen ot applicable, indicate N/A)	t if not contained in the amendme	ent itself:

The date of each amendment(s) adoption: 1/21/2011		
	(date of adoption is required)	
Effective date if applicable:	Immediately 3/4/11	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	73	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dated		
Signature		
	a director, president or other officer – if directors or officers have not been	
	eted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Gary Сопа	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	