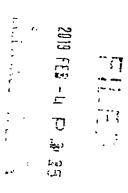
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FEB 0 8 2013 T. LEMIEUX

COVER LETTER

Division of Corporations
NAME OF CORPORATION: USION BENEFITS 4 ALL, INC. DOCUMENT NUMBER: P1200008332
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: DEBJE STOKES Name of Contact Person VISION BENEFITS 4 ALL, INC. Firm/ Company 9424 RAHME ADOWS ROAD SUTTE 250 Address JACKSONVILLE, FLORIDA 32256 City/ State and Zip Code
DEBBIE. STOKER Q VISION BENEFITS 4 AU. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: DERBIE STOKES at (904) 945- 5600 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status
Mailing Address Amendment Section Amendment Section

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

TO: Amendment Section

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

Articles of Amendment

to

Articles of Incorpor	atior
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,	Articles of Inc			
Vision	N BENE	FITS 4	ALL, IN	Con
(Name of Cor	poration as current	ly filed with the F	orida Dept. of State	3 20
	P12000	00083	52	
(1	Document Number o	f Corporation (if kn	юwп)	,
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this	Florida Profit Cor	poration adopts the	following amendment(s) to
A. If amending name, enter the new name of	the corporation:			
			***	The new
name must he distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	"Corp," "Inc," or "	'Co". A professio	or "incorporated" a nal corporation nam	r the abbreviation be must contain the
B. Enter new principal office address, if appl		_		
(Principal office address <u>MUST BE A STREE</u>)	TADDRESS)			
				<u>.</u>
C. Enter new mailing address, if applicable:	TE DAY			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>.E BUX</u>)			
D. If amending the registered agent and/or re	egistered office add	ress in Florida, en	ter the name of the	
new registered agent and/or the new regis				
Name of New Registered Agent				
	-			
	(Florida str	reet address)		
New Registered Office Address:			, Florida_	
The state of the s		(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	<u>g Registered Agent</u> gent. I am familiar v	<u>:</u> with and accept the	ablivations of the n	osition
, promiser as a grant on ag	,	z accept me	and the population of the population	· corrotti
	G:			
	Signature of New R	Registered Agent, if	changing	

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)

Remove

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 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.

Mike Jones, V as Remov	e, and Sa	illy Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address T
Change Add Remove		HILDA HITE	9424 BAY MEADOWS RI SUITE 250 JACKSONVILLE, FL 3225
2) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			** ** *** *** *** *** *** *** *** ***
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
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		. <u> </u>
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shar	res,
(if not applicable, indicate N/A)	adment if not contained in the amendment itself:	
		
1441		
		·

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	ANT 129 25, 2019
(By a c	lirector, prosident of other officer - if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
арроп	
	DEBORAH L. STOKES
	(Typed or printed name of person signing)
	Was a section
	(Title of correction)
	(Title of person signing)