

P12000051989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

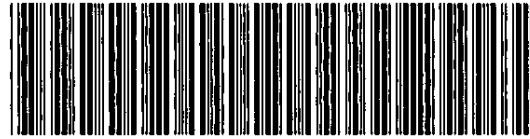
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12 JUN 21 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

JUN 22 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEMBERBENEFITS, INC
Name of Corporation

DOCUMENT NUMBER: P12000051989

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUZANNE S TREFRY
Name of Contact Person

BUSINESS PLANNING CONCEPTS INC
Firm/Company

7645 GATE PARKWAY STE 101
Address

JACKSONVILLE, FL 32256
City/State and Zip Code

STREFRY@MEMBERBENEFITS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE TREFRY at (904) 9231214
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

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

FILED

ARTICLES OF CORRECTION

for

MEMBERBENEFITS, INC

Name of Corporation as currently filed with the Florida Dept. of State

P12000051989

Document Number (if known)

12 JUN 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION,
(Document Type Being Corrected)

filed with the Department of State on JUNE 7 2012,
(File Date of Document)

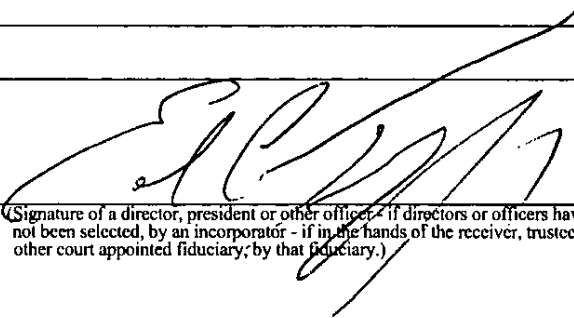
Specify the inaccuracy, incorrect statement, or defect:

NAME SHOULD NOT BE ONE WORD (MEMBERBENEFITS) SHOULD HAVE A
SPACE BETWEEN MEMBER AND BENEFITS

Correct the inaccuracy, incorrect statement, or defect:

SHOULD READ

MEMBER BENEFITS, INC


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary; by that fiduciary.)

EARL C TREFRY, JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00