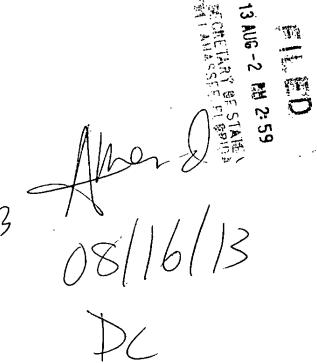
P12000079566

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	or o
	Office Use On	



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COVER LETTER

TO: Amendment Section Division of Corporations

properties desperations				
NAME OF CORPORATION: Ir			e Bene	fits Inc
DOCUMENT NUMBER: P12	000079566			
The enclosed Articles of Amendmen	nt and fee are subr	nitted for fili	ng.	
Please return all correspondence cor	ncerning this matte	r to the follo	wing:	
James (C Ramage			
		Name of Co	mact Person	
Innovat	ive Workpla			C
C151 L	alea Oomaaa		Company	
6151 La	ake Osprey	•		
		Ade	iress	
Sarasot	a, FL 3423	9		
		City/ State a	nd Zip Code	
curtramage	@thesouth	ernreai	on.com	
	ddress: (to be used			notification)
For further information concerning t	this matter, please	call:		•
James C Ramage		at (941	587-9979 le & Daytime Telephone Number
Name of Contact Per	rson		Area Cod	le & Daytime Telephone Number
Enclosed is a check for the following	g amount made pa	yable to the I	florida Depar	rtment of State:
	5 Filing Fee & cate of Status	□\$43.75 Fil Certified C (Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street A	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314				secutive Center Circle
			Tallahas	ssee, FL 32301

Articles of Amendment Articles of Incorporation

Innovative Workplace Benefits, Inc.

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

P12000079566

ent(s) to

Articles of Incorporation:			
If amending name, enter the new name of the	e corporation:		
me must be distinguishable and contain the volorp.," "Inc.," or Co.," or the designation "Cord" chartered," "professional association," or	orp," "Inc," or "Co". A pro		
Enter new principal office address, if applica	ıble:		
rincipal office uddress <u>MUST BE A STREET A</u>	IDDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			
	· · · · ·		
If amending the registered agent and/or regi		da, enter the name of	the
If amending the registered agent and/or reginew registered agent and/or the new register		da, enter the name of	<u>the</u>
		da, enter the name of	the
new registered agent and/or the new register		da, enter the name of	the
new registered agent and/or the new register		da, enter the name of	<u>the</u>
Name of New Registered Agent	red office address:	da, enter the name of	the
new registered agent and/or the new register	red office address:	, Florida	the Zip Code)
Name of New Registered Agent	red office address: (Florida street address)	, Florida	
Name of New Registered Agent	red office address: (Florida street address) (City)	, Florida	

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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	·
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S,T	James C Ramage	6151 Lake Osprey Dr., 3rd Floor
X Add			Sarasota, FL 34240
Remove			
2) Change	S	Lisa Morris	5550 Glades Rd., Ste 500
Add			Boca Raton, FL 33431
X Remove			
3) X Change	<u>P</u>	David Morris	5550 Glades Rd., Ste 500
Add			Boca Raton, FL 33431
Remove			
4) Change			·
Add		,	
Remove			
5) Change	 		
Add			
Remove			***************************************
6) Change			
Add			
Remove			

. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
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· <u> </u>	
	· · · · · · · · · · · · · · · · · · ·
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If an amendment unsuides for an each	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: U//3U/2U I3 date this document was signed.				
Effective date if applicable:				
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted 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 east 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.				
Dated				
Signature & Morris				
(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)				
David Morris				
(Typed or printed name of person signing)				
President				
(Title of person signing)				