P1400013179

	(Requestor's Name)				
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PICK-U	P WAIT MAIL				
<u> </u>	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
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Amend Na 5/8/14

COVER LETTER

TO: Amendment Section

Division of Corporations

Benefit Medical, Inc. NAME OF CORPORATION: P14000013179 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jon Briggs Name of Contact Person 11924 Forest Hill Blvd. Firm/ Company Suite 10A-225 Address Wellington, FL 33414 City/ State and Zip Code jbriggs@benmedi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 807-9962

Area Code & Daytime Telephone Number Jon Briggs Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Benefit Medical, Inc.

n as currently filed with the Florida Dent of State)

ent(s) to

(Document Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following ame	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contai	
B. Enter new principal office address, if applicable:	11924 Forest Hill Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Suite 10A-225	
	Wellington, FL 33414	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Traine of their riegister our rigers		
(Florida s	treet address)	
New Registered Office Address: (City	, Florida, Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	

Signature of New 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)

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>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>Dnes</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CEC)	Jonathan Briggs	175 Sandy Pine Court
Add				Wellington, FL 33414
Remove				
2) Change				
Add				
Remove				
3) Change		<u></u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

VA				
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	•			
an amendment provides for an	avchanna raclassi	fication or cancel	lation of issued sh	ares
rovisions for implementing the	amendment if not	contained in the a	mendment itself:	11 C3
(if not applicable, indicate N				
14				
/ (^				
				

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: NA	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 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.	
Dated 4/23/2014	
Dated	
Signature becay beeg	
(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)	
appointed industry of star industry,	
Douglas Neary	
(Typed or printed name of person signing)	
President	
(Title of person signing)	