## P15000066118

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HEALTH BENEFI	TS DIRECT INC
DOCUMENT NUMBER: P15000066118	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
ALTAF SATTAR	,
	Name of Contact Person
SOFTBOOKS INC	
	Firm/ Company
5373 N NOB HILL ROAD	
	Address
SUNRISE, FL 33351	
	City/ State and Zip Code
INFO@SOFTBOOKSINC.COM	
<u> -</u>	ed for future annual report notification)
For further information concerning this matter, pleas PRANTASHRI DAS	
	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

## **Articles of Amendment** to Articles of Incorporation of

HEALTH BENEFITS DIRECT INC			
(Name of Corporat	tion as currently filed with the F	orida Dept. of State)	
P15000066118			
(Docu	ment Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Cor	poration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
	<del></del>		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A profession		bbreviation
B. Enter new principal office address, if applicable	le:		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS )		
	<del> </del>		
	<del></del>		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u> )		
D. If amending the registered agent and/or registered agent and/or the new registered		ter the name of the	
	onice address.		
Name of New Registered Agent			-
			-
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip (	Jode)
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept the		A
		ETAMAS.	15 NOV 30
		秀	₹ m
Cia	nature of New Registered Agent, ij	f changing	
Sig	name oj ivew negisiereu Ageni, ij	f changing	
		E 0	<u>ල</u>
		<b>翻:</b>	

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>	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>	<u>Addres</u> s
1) Change	V	ANDRES HUMBERTO CANA	201 RACQUET RD APTS528
Add			WESTON, FL 33326
X Remove			
2) Change	D	BRIGOT GREEN ONUMBU	12505 MCGREGOR BLVD
X Add			SUITE 111B
Remove			FORT MYERS, FLORIDA 33919
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
	Land Control of Contro	
	*	
an amendment provides for an exc	hange, reclassification, or cancellation of	issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendmen	nt itself:
(y not applicable, maleule 1971)		
		***************************************

11/19/2015
The date of each amendment(s) adoption: if other than the
date this document was signed.
Effective date if applicable:
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more was 50 mays agree anonoment fine table)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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
by
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.
11/19/2015
Dated
Signature Prantastri Dat.  (By a director, president or other officer – if directors or officers have not been
(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)
PRANTASHRI DAS
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)