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C. CARROTHERS

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COVER LETTER

' TO: ' Amendment Section Division of Corporations	
SUBJECT: Third Par	ty Administrators, In
DOCUMENT NUMBER: Plot	00056958
The enclosed Articles of Correction and t	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Tamara Clinca Name of Contact Person	N
WOVA Weath	
28089 Vanderbit	t Dr. Suite 103
Bonita Sorings City/State and Zip Orde	, FI 34134
Tamara @ TPA USA E-mail address: (to be used for future annual	report notification)
For further information concerning this n	natter, please call:
Tamana Cliugar Name of Contact Person	at (239) 444-1794 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy	\$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

ARTICLES OF CORRECTION

For

Third Party Administrations FNS Name of Corporation as currently filed with the Florida Dept. of State
P1600056958 Document Number (if known)
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 Orticles of Loca poration, (Document Type Being Corrected) File Date of Document) Specify the inaccuracy, incorrect statement, or defect:
Third Party Admini StRA TORS, inc name
should have been:
Third Party Administrators USA, FAC.
Correct the inaccuracy, incorrect statement, or defect:
Please change name To:
Third Party Administrators usa, 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.)
TAMARA Clingar VP (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00