

**P190003739823ABC9**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000373982 3))



H190003739823ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : SHUFFIELD LOWMAN  
Account Number : 120030000118  
Phone : (407)581-9800  
Fax Number : (407)581-9801

STATE DEPT OF STATE  
FALL MASS ST. 1100  
20 JAN -2 AM 8: 27

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

2020 JAN -2 AM 10: 37

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MPC BENEFITS SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

((H19000373982 3)))

### ARTICLES OF CORRECTION

For

MPC BENEFITS SOLUTIONS, INC.

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

P19000094647

\_\_\_\_\_  
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 ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on DECEMBER 26, 2019  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the Corporation is incorrect. (and)

The name of the sole Director is incorrect.

FILED  
 20 JAN - 2 AM 8 27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

The name of the corporation should be "MPC BENEFIT SOLUTIONS, INC."

The name of the sole director should be "Elizabeth Moreno-Haramboure"

\_\_\_\_\_  
(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.)

WILLIAM R. LOWMAN, JR., ESQ.

\_\_\_\_\_  
(Typed or printed name of person signing)

INCORPORATOR

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**

((H19000373982|3)))