PAC CCCCC 7341

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Treasure Coast Ber	nefits, Inc.	
	1BER: P20000007341		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Gary A. Hutchinson		
		Name of Contact Person	n
	Treasure Coast Benefits, Inc		
		Firm/ Company	
	1041 SW Lighthouse Drive	Tittle Company	
		Address	
	Palm City, Florida 34990	7 tdd/css	
		City/ State and Zip Cod	e
lind	a@lgats.com		
		sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
Gary A. Hutchinson		770	888-6746
	···	at ()
:Nami	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Treasure Coast Benefits Inc.

rreasure Goast Belieffts, me.	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P20000007341	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the attion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 FEE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	Idenes:
Name of New Registered Agent	9 9 E
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Secy	Sue Hutchinson	1041 SW Lighthouse Drive
X Add			Palm City, Florida 34990
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	46 00.5 -
Add			
Remove			

	ing or adding additional additional additional sheets, if necessar,	y). (Be specific)			
					
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				· · - · · · · · · · · · · · · · · · · ·	
				 	
			<u>-</u>		
				-	
					
II an ame	endment provides for an ensions implementing the a	xchange, reclassificati	on, or cancellation o	of issued shares,	
provisio (if 21	ot applicable, indicate N/A	nienament it not conti	iineu in the amtenun	ient usen:	
(9	or approximately manager and	,			
			<u>-</u>		

The date of each amendment(s) ad date this document was signed.	option:	, if other thar
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this doartment of State's records.	late will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ıcni
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
02/10/2020 Dated		
selected	rector, president or other officer—it directors or officers have not beer l, by an incorporator—if in the hands of a receiver, trustee, or other coued fiduciary by that fiduciary)	
	Gary A. Hutchinson	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

the

the