

# CAPITAL CONNECTION, INC.

417 E. Virginia St. Suite 1, Tallahassee, FL 32301, (904) 224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

*File 1st  
 please*

*Name Change  
 02-12-97  
 DC*

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/6/97	_____	_____
TIME	9:20	_____	CK No. _____
BY	DR	_____	_____

WALK-IN \_\_\_\_\_  
 Will Pick Up \_\_\_\_\_

RE: Accelerated Benefits  
Corp.

	C.C. FEE	DISBURSED
<input type="checkbox"/> Corp. Express		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s)		
<input checked="" type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____		
<input type="checkbox"/> _____	pgs.	
<b>SUBTOTALS</b> _____		

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
_____	\$

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 6, 1997

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: ACCELERATED BENEFITS CORP.  
Ref. Number: P95000073786

We have received your document for ACCELERATED BENEFITS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If an amendment was approved by the shareholders, the date of adoption of the amendment and one of the following statements must be contained in the document:

(1) A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval.

(2) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell  
Corporate Specialist

Letter Number: 997A00006479


RECEIVED  
96 FEB 14 PM 3:55  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
CORRECTED

CERTIFICATE OF AMENDMENT

The undersigned, Dr. Jess LaMonda, the duly elected and qualified President and Secretary of Accelerated Benefits Corp., a Florida corporation, does hereby certify that the following is a true and correct copy of action taken by <sup>unanimous</sup> written consent without a meeting by the shareholders and directors of said corporation as of the 3rd day of February, 1997, pursuant to the provisions of Section 607.0821 and Section 607.0704, Florida Statutes:

RESOLVED, that Article I of the Articles of Incorporation of ACCELERATED BENEFITS CORP. be and the same is hereby amended to change the name of the corporation to ACCELERATED BENEFITS CORPORATION

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 3rd day of February, 1997.


  
Dr. Jess LaMonda, President  
and Secretary

STATE OF FLORIDA  
COUNTY OF ORANGE

Before me, an officer duly authorized in the State and County aforesaid to administer oaths, personally appeared Dr. Jess LaMonda, who being duly sworn, deposes and says: That he is the President of Accelerated Benefits Corp. (n/k/a Accelerated Benefits Corporation), a corporation duly organized under the laws of the State of Florida, having its principal place of business in Winter Park, Florida; that he has read the foregoing Certificate of Amendment and that the same is true and correct.

  
Dr. Jess LaMonda

Sworn to and subscribed before  
me this 3rd day of February, 1997 by  
Dr. Jess LaMonda who is personally known  
to me or who produced \_\_\_\_\_  
as identification.

  
Notary Public  
My Commission Expires:

