No. 6282

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To:

Division of Corporations

Fax Number : (850)205-0380

: Account Name : MORAN & SHAMS, P.A.

Account Number : 120000000003 Phone : (407)841-4141

Fax Number

: (407)841-4148

COR AMND/RESTATE/CORRECT OR O/D RESIGN

STAFF BENEFIT SYSTEMS, INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	STAFF BENEFIT SYSTEMS, INC.	
DOCUMENT NUMBER:	2 97000107871	
The enclosed Articles of Amendmen	and fee are submitted for filing.	
Please return all correspondence con-	perning this matter to the following:	
Thomas P. Moran.	Require (Name of Contact Person)	
Moran & Shams, F	·A.	
(Firm/ Company)		
111 N. Orange Av	enue, Suite 1200	
	(Address)	
Orlando, Florida	32801	
	(City/ State and Zip Code)	
For further information concerning th	is matter, please call:	
Thomas P. Moran	at (407) 841-5141 (Area Code & Daytime Telephone Numbur)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following	amount:	
S35 Filing Fee S43.75 Filing Fe Certificate of St		
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	

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Articles of Amendment to Articles of Incorporation of

	STAFF BENEFIT SYSTEMS, INC.
· · · · · · · · · · · · · · · · · · ·	(Name of corporation as currently filed with the Florida Dept. of State)
	P97000107871
	(Document number of corporation (if known)
D	The Array Addition to the provider of the property
rursuant to the pr	provisions of section 607.1005, Florida Statutes, this Florida Profit Corpo wing amendment(s) to its Articles of Incorporation:
daopis inc tallor	wing anteganients) to as reading of involveration.
NEW CORPOR	RATE NAME (if changing):
	OVANNER CONSULTING, INC.
(Must contain the wo (A professional corpo	vord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or " poration must contain the word "chartered", "professional association," or the abbreviation
AMENDMENTS and/or Article Tit	S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Nurticles) being amended, added or deleted: (BE SPECIFIC)
	CONE
	,
	· · · · · · · · · · · · · · · · · · ·
	(Attach additional pages if necessary)
f an amendment pi or implementing th	(Attach additional pages if necessary) provides for exchange, reclassification, or cancellation of issued shares, pro the amendment if not contained in the amendment itself: (if not applicable, ind
f an amendment proof implementing the	provides for exchange, reclassification, or cancellation of issued shares, pro
or implementing th	provides for exchange, reclassification, or cancellation of issued shares, pro
or implementing th	provides for exchange, reclassification, or cancellation of issued shares, pro
or implementing th	provides for exchange, reclassification, or cancellation of issued shares, pro

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The date of each amendment(s) adoption:June 30, 2006	
Effective date if applicable: June 30, 2006 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes can the amendment(s) by the shareholders was/were sufficient for approval.	st for
The amendment(s) was/were approved by the shareholders through voting groups. I following statement must be separately provided for each voting group entitled to vo separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approva	l by
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder a and shareholder action was not required.	ction
The amendment(s) was/were adopted by the incorporators without shareholder action shareholder action was not required.	and
Signature (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, trusted, or other court appointed fiduciary by that fiduciary)	
Wesley D. Scovamer	
(Typed or printed name of person signing)	
Director	•
(Title of person signing)	

FILING FEE: \$35