



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Amendment to Application for Registration**

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is HEALTH BENEFITS ONE LLC

If the company's name is changing, state the new name: HEALTH BENEFITS ONE LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: X Perpetual

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 2 OAKWOOD BOULEVARD, SUITE 100

City or Town: HOLLYWOOD

State: FL Zip: 33020 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 2 OAKWOOD BOULEVARD, SUITE 100

City or Town: HOLLYWOOD

State: FL Zip: 33020 Country: USA

If the management of the limited liability company is changing, modify the following section:

 Members or X Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN DORFMAN	2 OAKWOOD BLVD SUITE 100 HOLLYWOOD, FL 33020 USA

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 30 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 1 Day of February, 2018 at 3:15:03 PM by the Authorized Person.

STEVEN DORFMAN

HEALTH BENEFITS ONE LLC

Form No. 451
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

February 01, 2018 03:13 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

