State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF AUTHORITY OF

SHPS HUMAN RESOURCE SOLUTIONS, INC.

File Number C 144772

I, BEN YSURSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to reflect the name change from SHPS HUMAN RESOURCE SOLUTIONS, INC. to **ADP BENEFIT SERVICES KY, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: May 17, 2012



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APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, **Idaho Code**, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. Complete only applicable items.

1.	A Certificate of Authority was issued to the corporation by your office on: 7/19/2001,
	authorizing it to transact business in the State of Idaho under the name of:
	SHPS Human Resource Solutions, Inc.
2.	Its corporate name has been changed to: ADP Benefit Services KY, Inc.
3.	The name which it shall use hereafter in the State of Idaho is:
	ADP Benefit Services KY, Inc.
4.	It has changed its jurisdiction of incorporation, without a change of corporate identity to:
Da	ated: Y24 20/2 Corporation Name: ADP Benefit Services KY, Inc.
	Signature: Land Halland
	Typed Name: Karl Halbach
	Capacity: President
	Customer Acct #:
	(if using pre-paid account)
	Secretary of State use only

g:korptomskorpfomsk amendedcert of authority, p65 Revised 07/2002

IDAHO SECRETARY OF STATE 05/17/2012 05:00 CK: 2698986 CT: 270583 BH: 1324592 1 @ 30.00 = 30.00 AMEND CERT # 2

Web Form

C144772



Alison Lundergan Grimes Secretary of State

Certificate

I, Alison Lundergan Grimes, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF AMENDMENT OF

SHPS HUMAN RESOURCE SOLUTIONS, INC. AMENDING THE NAME TO ADP BENEFIT SERVICES KY, INC. FILED APRIL 6, 2012.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25th day of April, 2012.

E CONTRACTOR DE LA CONT

Alison Lundergan Grimes
Secretary of State

Commonwealth of Kentucky emcnulty/0263899 - Certificate ID: 125116