## P090000837-53

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AUG 0 2 2016 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BETTER STA	F, INC.	
DOCUMENT NUMBER: P09000083253		
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
BRENT ABDULLAH		
·	Name of Contact Person	1
STAFFORCE, INC.		
	Firm/ Company	
7000 ATLANTIC BLVD	).	
	Address	
JACKSONVILLE, FL 32	2211	
	City/ State and Zip Code	2
brent@stafforcejax.com		
E-mail address: (to b	e used for future annual report	notification)
For further information concerning this matter, p	olease call:	
BRENT ABDULLAH	at ( <sup>904</sup>	7265661
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee Certificate of Statu		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BETTER STAF, INC.		
(Name of Corporation as of P09000083253	currently filed with the Florida Dept. of State)	
	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	•	owing amendment(s) t
A. If amending name, enter the new name of the corpora	ation:	
STAFFORCE, INC.		The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	c," or "Co". A professional corporation name invitation "P.A."	
B. Enter new principal office address, if applicable:	7000 ATLANTIC BLVD.	5 50
(Principal office address <u>MUST BE A STREET ADDRESS</u>	JACKSONVILLE, FL 32211	
		JUL 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7000 ATLANTIC BLVD.	S AH
	JACKSONVILLE, FL 32211	52 S
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent		
(Fi	lorida 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 for		tion.
Signature e	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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change			<u> </u>	
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		<del></del>
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,,	
,	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/20/20 Dated	016	
Signature		
(By a selec	a director, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	ı
	BRENT ABDULLAH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	