

F190000000882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

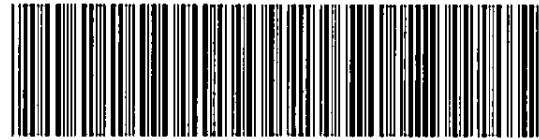
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600426817876

W24 - 52266

N/C Amend

RECEIVED
2024 APR - 1 PM 3:27
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

RECEIVED

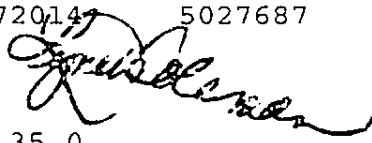
A. RAMSEY

APR 18 2024

FILED
2024 APR - 1 AM 9:53
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

*02250,00524,00671

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 372014 5027687
AUTHORIZATION : 
COST LIMIT : \$ 35.0

ORDER DATE : March 20, 2024

ORDER TIME : 8:19 AM

ORDER NO. : 372014-060

CUSTOMER NO: 5027687

FOREIGN FILINGS

NAME: MAXIM HEALTHCARE STAFFING
SERVICES, INC.

XX ☐ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: MAXIM HEALTHCARE STAFFING SERVICES, INC.
Ref. Number: F19000000882

RESUBMIT
Please give original
submission date as file date.

We have received your document for MAXIM HEALTHCARE STAFFING SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please change the date on line #4 of the amendment form to 3-7-24 so it will match the date on the certificate from Maryland.

You failed to make the correction(s) requested in our previous letter.

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 (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 024A00008121

RECEIVED
2024 APR 17 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000000882

(Document number of corporation (if known))

1. MAXIM HEALTHCARE STAFFING SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. MARYLAND

(Incorporated under laws of)

3. FEBRUARY 20, 2019

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 3/07/24

5. Amergis Healthcare Staffing, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Carrie O'Brien

(Signature of a director, president or other officer - if in the hands of
a receiver or other court appointed fiduciary, by that fiduciary)

Carrie O'Brien

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

csc 372014-60



Maryland
DEPARTMENT OF
ASSESSMENTS AND TAXATION

Wes Moore | Governor
Aruna Miller | Lt. Governor
Michael Higgs | Director
Marcus Alzona | Deputy Director

Date: 03/07/2024

CSC-LAWYERS INCORPORATING SERVICE
COMPANY
7 ST. PAUL STREET
SUITE 820
BALTIMORE MD 21202

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : AMERGIS HEALTHCARE STAFFING, INC.
DEPARTMENT ID : D19297050
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 03-07-2024
TIME FILED : 01:11 PM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$445.00
COPY FEE : \$23.00
FILING NUMBER : 1000362014443818
CUSTOMER ID : 0003974727
WORK ORDER NUMBER : 0005191301

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore metro area (410) 767-4950
Outside metro area (888) 246-5941

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395
Telephone (410)767-4950 / Toll free in Maryland (888)246-5941
MRS (Maryland Relay Service) (800)735-2258 TTY/Voice
Website: www.dat.maryland.gov

0013637136

CACCP

ENTITY TYPE: ORDINARY BUSINESS - STOCK
STOCK: Y
CLOSE: N
EFFECTIVE DATE: 03-07-2024
PRINCIPAL OFFICE: 7227 LEE DEFOREST DRIVE
COLUMBIA MD 21046
RESIDENT AGENT: CSC-LAWYERS INCORPORATING SERVICE
COMPANY
7 ST. PAUL STRSET
SUITE 820
BALTIMORE MD 21202
COMMENTS:
THIS AMENDMENT RECORD INDICATES THE NAME CHANGE
FROM: MAXIM HEALTHCARE STAFFING SERVICES, INC.
TO: AMERGIS HEALTHCARE STAFFING, INC.

MAXIM HEALTHCARE STAFFING SERVICES, INC.

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION

MAR 07 2024

Maxim Healthcare Staffing Services, Inc., a Maryland corporation (the "Corporation"), hereby certifies to the State Department of Assessments and Taxation of Maryland that:

FIRST: Article II of the charter of the Corporation (the "Charter") is hereby amended to change the name of the Corporation to:

Amergis Healthcare Staffing, Inc.

SECOND: Article II of the Charter of the Corporation is hereby amended to change the name of the principal office of the Corporation in this State to:

7223 Lee Deforest Drive, Columbia, Maryland 21046

THIRD: The foregoing amendments to the Charter were approved by the Board of Directors of the Corporation and was limited to a change expressly authorized by Section 2-605(a)(1) of the Maryland General Corporation Law without action by the stockholders.

FOURTH: The undersigned acknowledges these Articles of Amendment to be the corporate act of the Corporation and, as to all matters or facts required to be verified under oath, the undersigned acknowledges that, to the best of his knowledge, information and belief, these matters and facts are true in all material respects and that this statement is made under the penalties for perjury.

FIFTH: The undersigned acknowledges that these Articles of Amendment shall take effect April 1, 2024.

[SIGNATURE PAGE FOLLOWS]

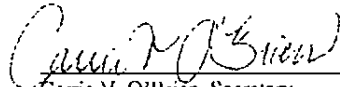
STATE OF MARYLAND
1 hereby certify that the foregoing is a true and correct copy of the
as amended and filed with the State Department of Assessments and Taxation
on March 7, 2024
by James B. Brown
The Secretary of the State

MAR 07 2024

IN WITNESS WHEREOF, the Corporation has caused these Articles of Amendment to be executed in its name and on its behalf by its President, William J. Butz and attested by its Secretary, Carrie V. O'Brien, this 5th date of March, 2024:

ATTEST:

MAXIM HEALTHCARE STAFFING SERVICES, INC.


Carrie V. O'Brien, Secretary

By: 
William Butz, President

CUST ID:0003974727
WORK ORDER:0005191301
DATE:03-07-2024 01:11 PM
AMT. PRID:\$568.00