

5/21/2021

Division of Corporations

F19000003138
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
STAT STAFF PROFESSIONALS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature/initials

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
(I-3 MUST BE COMPLETED)

F19000003138

(Document number of corporation (if known))

1. STAT STAFF PROFESSIONALS, INC.

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

2. NY

(Incorporated under laws of)

3. 06/25/2019

(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? 05/11/2021

5. Davin Healthcare Workforce Solutions, 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:

(City)

Florida

(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

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2021 MAY 25 PM 3:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> 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.

DAVID M. THEOBALD

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

DAVID M THEOBALD

PC

(Typed or printed name of person signing)

(Title of person signing)

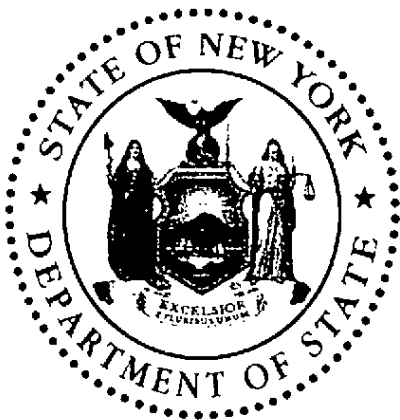
FILING FEE \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of DAVIN HEALTHCARE WORKFORCE SOLUTIONS, INC. was filed on 11/18/2003, under the name of STAT STAFF PROFESSIONALS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment STAT STAFF PROFESSIONALS, INC., changing its name to DAVIN HEALTHCARE WORKFORCE SOLUTIONS, INC., was filed 05/11/2021.



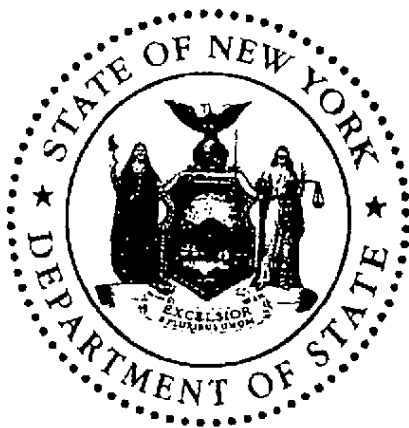
*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of May
two thousand and twenty-one.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
May 12, 2021.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporations,
State Records and
Uniform Commercial Code

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

STAT STAFF PROFESSIONALS, INC.

*(Insert the Current Name of Domestic Corporation)
(Name change only)*

Under Section 805 of the Business Corporation Law

FIRST: The current name of the corporation is:
STAT STAFF PROFESSIONALS, INC.

If the name of the corporation has been previously changed, the name under which it was
originally formed is:

SECOND: The date of filing of the certificate of incorporation with the Department of State is:
November 18, 2003

THIRD: The amendment effected by this certificate of amendment is as follows:

Paragraph FIRST of the Certificate of Incorporation relating to the name of the
corporation is amended to read in its entirety as follows:

FIRST: The name of the corporation is:
DAVIN HEALTHCARE WORKFORCE SOLUTIONS, INC.

FOURTH: The certificate of amendment was authorized by: *(Check the appropriate box)*

- ☐ The vote of the board of directors followed by a vote of a majority of all outstanding
shares entitled to vote thereon at a meeting of shareholders.
- ☒ The vote of the board of directors followed by the unanimous written consent of the
holders of all outstanding shares.

X

(Signature)

Thomas M. Kernan

(Name of Signer)

Vice President

(Title of Signer)

(20)

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

STAT STAFF PROFESSIONALS, INC.

(Insert Current Name of Domestic Corporation)

Under Section 805 of the Business Corporation Law

Filer's Name and Mailing Address:

Thomas M. Kernan, Esq.

Name:

STAT STAFF PROFESSIONALS, INC.

Company, if Applicable:

18 Division Street, Suite 311

Mailing Address:

Saratoga Springs, New York 12866

City, State and Zip Code:

NOTES:

1. This form was prepared by the New York State Department of State to amend paragraph FIRST of a certificate of incorporation to change the name of a domestic corporation. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
2. The name of the corporation and its date of incorporation provided on this certificate must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
3. The Department of State recommends that all documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$60 filing fee.

For Office Use Only

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2021 MAY 11 AM 10:46

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAY 11 2021

TAX \$

BY: 

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