

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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
UNIFORCE STAFFING SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 MAY 17 PM 8:13

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 17 P 4:42

FILED

T. LEMMEUX

MAY 17 2012

May 17, 2012

FLORIDA SECURED TRANSACTION REGISTRY

For Requests Submitted via: WALK-IN SERVICE

Please provide all information requested below.
Failure to provide any information will delay processing.
Please bring your filing to FLORIDAUC, Inc. at:
Koger Executive Center
2870 Executive Center Circle West, Suite 100
Tallahassee, FL 32301

Requestor Name: CT Corporation System

Contact Person:

Phone Number: 850-222-1092

RE: 33269148

Debtor: Heritae on the River Limited Partnership

Check One: UCC-1 X UCC-3

Connie Bryan

Requestor Signature

FloridaUC, Inc. Signature

FloridaUC, Inc. Use Only

Type of Payment: Check Cash Other

Type of Processing: Regular Immediate

Note: Immediate filing priority is only given to out-of-town requestors, with one or two processing requests, who indicate that they will wait for the processing request to be completed. This is a one-time service per requestor. All other requests will be ready for pick-up after 3 business days from the date of drop-off. It is the responsibility of the requestor to pick up their filings.

Date Returned:

FLORIDAUC, Inc. Initials: Requestor Initials:

(must be initialed at time of pick-up)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIFORCE STAFFING SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F93000000305

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR A. FELTMAN
Name of Contact Person

PRO UNLIMITED GLOBAL SOLUTIONS, INC.
Firm/Company

999 STEWART AVENUE, SUITE 100
Address

BETHPAGE, NY 11714
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANN COLICA at (516) 422-6503
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

F9300000303

(Document number of corporation (if known))

1. UNIFORCE STAFFING SERVICES, INC.
(Name of corporation as it appears on the records of the Department of State)
2. NEW YORK 3. 01/21/1993
(Incorporated under laws of) (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? 03/26/2012
5. COMFORCE 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. 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.

Arthur A. Felts

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

ARTHUR A. FELTMAN

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
ALLAHSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that a Certificate of Amendment of UNIFORCE PAYROLLING SERVICES, INC., changing its name to UNIFORCE STAFFING SERVICES, INC., was filed in this Department on 12/15/2003.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of May two
thousand and twelve.*

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over a faint, circular official stamp.

First Deputy Secretary of State

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