

F99000000278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

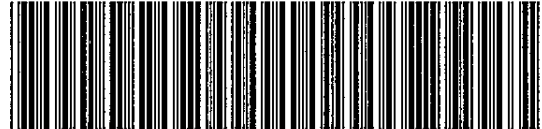
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Name
change
amend*

11/07/03--01097--009 **35.00

FILED

03 NOV -7 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 NOV -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
11/7/03*

CT CORPORATION

November 7, 2003

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5956574 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

TeamStaff Solutions, Inc. (NY)
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

File 1st

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

I hereby certify, that a Certificate of Amendment of DSI CONTRACT STAFFING, INC., changing the name to TEAMSTAFF SOLUTIONS, INC., was filed on 05/07/1999.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 17th day of October
two thousand and three.*

200310200308 54

