180870

(F	Requestor's Name)	
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(A)	Address)	,
(A)	Address)	
(0	Dity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nar	ne)
(C	Ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations All Temp of West Florida, Inc. NAME OF CORPORATION: L80870 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kurt P. Goebel Name of Contact Person All Temp of West Florida Inc. Firm/ Company 3020 Coronet Ct Address Spring Hill, FI 34609 City/ State and Zip Code atowf@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kurt Goebel Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$43.75 Filing Fee & **□\$43.75** Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ail Temp of	West Florida, Inc.	
(Name of Corporation as curre		a Dept. of State)
ı	_80870	The second secon
	ber of Corporation (if kno	wa)
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
		The new
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "project. Enter new principal office address, if applicable address, if applicable: Enter new mailing address, if applicable:	fessional association," or licable: TADDRESS)	the abbreviation "P.A."
(Mailing address <u>MAY BE A POST OFFI</u> C	<u></u>	
 If amending the registered agent and/or remove registered agent and/or the new registered. 		n Florida, enter the name of the
Name of New Registered Agent:	THE PARTY OF THE P	
Nume of New Registered Agent.		
New Registered Office Address:	(Florida street c	address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered agency.	ng Registered Agent: gent. I am familiar with a ignature of New Registere	

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)

Title	Name	Address	Type of Action
Sec	Michael DeSimini	3020 Coronet Court Spring Hill, FL 34609	Ø Add ☐ Remove
~~~~			
(attach ada	litional sheets, if necessary). (Be spe	cific)	
provision	endment provides for an exchange, rus for implementing the amendment it applicable, indicate N/A)		
·	and the second s		

The date of each amendmen	t(s) adoption: 4/14/11
Effective date if applicable:	(date of adoption is required)
<del>,</del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_4/14	
Signature	Kent Hubal
(By sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Kurt P. Goebel
	(Typed or printed name of person signing)
	President
	(Title of person signing)