NII000004334

(Re	equestor's Name)	
(Ac	ldress)	····
(Ad	ldress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE OF DIVISION OF CORPORATIONS

EFFECTIVE DATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hire Good, Inc	<u> </u>	_
DOCUMENT NUMBER: N 1100000 4 334		
The enclosed Articles of Amendment and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	e following:	
Virginia S. Crave (Name of Contact	Person)	
Hire Good, 1 (Firm/ Compa	nc-	
701 Grand Contourse M (Address)	Jiami Shores, FL 33	
City/ State and Zi	es, FL 33138 ip Code)	
ginny whire good org E-mail address to be used for fut	ure annual report notification)	
For further information concerning this matter, please call:		
(Name of Contact Person) at (305) 606 - 6314 (Area Code & Daytime Telephone Num	_ ber)
V Enclosed is a check for the following amount made payable to		
Certificate of Status Cert (Add	43.75 Filing Fee &	Status
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Hire Good 1	hc.		
(Name of Corporation as curr	rently filed with the Florida Dept. of S	tate)	
N11000004	334		
	mber of Corporation (if known)		
Pursuant to the provisions of section 617.1006 he following amendment(s) to its Articles of I		Profit Corporation	adopts
A. If amending name, enter the new name of	of the corporation:		
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "inc or "Co." may not be used in the name.	corporated" or the	- ?
3. Enter new principal office address, if ap		· · · · · · · · · · · · · · · · · · ·	_
Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)		<u> </u>
			715E
			- 동생 - 동생
C. Enter new mailing address, if applicable		œ	SYLE
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)	<u></u>	_ 콩유다
		Ö	RAI AI
)5	70.75
D. If amending the registered agent and/or		iter the name of th	<u>be</u>
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)	_	
		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if change hereby accept the appointment as registere		ept the obligations	of the
position.			
	Signature of New Registered Agent, if ch	anging	

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)

1	<u> </u>	<u>Name</u>			<u>Address</u>			Type of Action
یک	culary	Christ	opher Craven	-	701 Grand Miami Shi 3313	nes, Fl		Add Remove
Viu 1	President	_Jeme	s S. Craven I	-	701 Grand Miami SI	Concruses, FL	<u> </u>	☐ Add ☐ Remove
Dig.	ector	_Shel	Rby A-Ward	-	14532 D # 202 11. Myers	olce Vista	Rd. 33108	Add Remove
I			ng additional Articles,					
^			ets, if necessary). (Be	_			_	XIII
∕Di <u>t</u>	ed	Harold	Corey		B-A East	Fau Gol	ie Blu	d. IT Add
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The date of each	amendment(s) adoption: 7/25/11
Effective date <u>if</u>	
	(no mbre than 90 days after amendment file date)
Adoption of Amo	endment(s) (CHECK ONE)
	ent(s) was/were adopted by the members and the number of votes cast for the amendment(s) cient for approval.
	members or members entitled to vote on the amendment(s). The amendment(s) was/were e board of directors.
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Virginia S. Craven Typed or printed name of person signing)
	President / Chairman of the Board (Title of person signing)