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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Resolute Sta	ffing, Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	his matter to the following:		
ShawnDel Karmazinski			
	(Name of Contact	Person)	
HHI Services, Inc.			
	(Firm/ Compa	ny)	<del></del>
13810 Sutton Park Drive North, Unit 321			
, to the second	(Address)		
Jacksonville, FL 32224			
	(City/ State and Zi	p Code)	
skarmazinski@hhi-services-inc.com			
E-mail address: (to	be used for future annual r	eport notification	on)
For further information concerning this matter	r, please call:		
ShawnDel Karmazinski		410 it	258-2258
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florid	a Department o	f State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of		Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		treet Address	
Amendment Section Division of Corporations		Amendment Sec Division of Corr	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Resolute Starring, Inc.			
(Name of Corporation as currently filed with the Florid	a Dept. of State)		
N19000002721			
(Document Nur	nber of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida N</i>	ot For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corpor	ation:		
HHI Services, Inc.			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpo	orated" or the abbreviation "Con	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRES	<u></u> )	24,	2020
		· · ·	<del></del>
		<del></del>	(D)
C. Enter new mailing address, if applicable:	NI/A	ì , ·	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	·	= -
		-	æ <u>,</u>
		;	— <u>1</u> 9
	<del></del>		
D. If amending the registered agent and/or registered of		orida, enter the name of the	
new registered agent and/or the new registered office	e address:		
Name of New Registered Agent: ShawnI	Del Karmazinski		
13810 5	Sutton Park Drive N	orth, Unit 321	
<del></del>		(Florida street address)	
New Registered Office Address:			
Jackson	iville	Florida	24
	(City)	(Zip Code	)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and ac	ecept the obligations of the positi	ion.
	MWWW Signature of New R	Yawwayski egistered Agent, iffshanging	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	$\overline{\underline{\mathbf{V}}}$ $\overline{\underline{\mathbf{Mi}}}$	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add	<u>s</u>	Alexander P Karmazinski	13810 Sutton Park Drive North Unit 321
x Remove			Jacksonville, FL 32224
2) Change Add	<u>S</u>	Carlos Alfonso Moreno	424 Elizabeth Valley Lane Clover, SC 29710
Remove 3 ) × Change Add Remove	<u>P </u>	Paul L Karmazinski	13810 Sutton Park Drive North Unit 321 Jacksonville, FL 32224
4) <u>×</u> Change Add	<u>T</u>	Aidan L Karmazinski	13810 Sutton Park Drive North Unit 321
Remove			Jacksonville, FL 32224
5) Change Add			
Remove			
б) Change Add			
E. If amending or ad	ding additional heets, if necessar	Page 2 of 4  Articles, enter change(s) here:  (y). (Be specific)	

Page 3 of 4	
Th. Let 6 1 2/17/2020	
The date of each amendment(s) adoption:   date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 2/18/2020
Signature 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)
Paul Karmazinski
(Typed or printed name of person signing)
President
(Title of person signing)