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To:

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Fax Number : (850) 922-4000

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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BASIC AMENDMENT

STAFFING FOR HEALTH CARE SERVICES, CORP.

Certificate of Status	0
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Amendment

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DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
OF  
STAFFING FOR HEALTH CARE SERVICES, CORP.**

Pursuant to the provisions of Section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST: Amendment adopted: CHANGE OF ARTICLE NO. V**

The name and street address of the Registered Agent shall be:

SAHENDY MIYARES  
7135 SW 13<sup>th</sup> STREET  
MIAMI, FL. 33144

**SECOND: Amendment adopted: CHANGE OF ARTICLE NO. VI**

The Board of Directors and Shareholders shall consist of a total of one (1) person as follows:

**SAHENDY MIYARES - PRESIDENT - 100% SHAREHOLDER**

**THIRD: The date of adoption of this Amendment shall be November 8<sup>th</sup>, 2000.**

**FOURTH: The amendment was approved by the shareholder. The number of votes cast for the amendments were sufficient for approval.**

Signed this 8<sup>th</sup> day of November, 2000



**SAHENDY MIYARES  
PRESIDENT**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

**STAFFING FOR HEALTH CARE SERVICES, CORP.**

2. The name and address of the registered agent is:

**SAHENDY MIYARES  
7135 SW 13<sup>TH</sup> STREET  
MIAMI, FL. 33144**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.**

SIGNATURE: \_\_\_\_\_



**SAHENDY MIYARES**

DATE: 11/9/00