## P03000070149

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: All State Staffing,	Inc.			
DOCUMENT NUM	BER: P03000070149		2. 22.22.		
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Griffith G Herriman				
		Name of Contact Person	-		
	All State Staffing, Inc.				
		Firm/ Company	<del>.</del>		
	2620 NE 17th Ave				
	Address				
	Cape Coral, FL 33909				
	City/ State and Zip Code				
	griff.herriman@gmail.com				
	· ·	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Griffith G. Herriman		at ( 239	) 770-8164 le & Daytime Telephone Number		
Name	of Contact Person	Area Cod	le & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Mame of Corporation as	currently filed with the Florida Dept. of State)
03000070149	
(Document N	Number of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corpor	ation:
I/A	The new
ame must be distinguishable and contain the word "corpord Inc.," or Co.," or the designation "Corp." "Inc," or chartered," "professional association," or the abbreviatio	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
Catanana mainsing office address if continuous	N/A
<ol> <li>Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES</li> </ol>	<u>:S</u> )
· · · ·	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
<u></u>	
	<del></del>
). If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent N/A	
	Florida street address)
	Florida street address)
New Registered Office Address:	, Florida
	, Florida
	, Florida
New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered	. Florida (City) (Zip Code)
New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered	. Florida (City) (Zip Code)
New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered	. Florida (City) (Zip Code)
New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered	. Florida (City) (Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	. Florida (City) (Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	(City) . Florida Florida  (City) . (Zip Code)  ed Agent: familiar with and accept the obligations of the position.

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	PT	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	Jack Sumlin	1621 C Spoonbill Lane	
Add			Naples, Ft. 34105	
X Remove				
2) X Change	P	Glenn G. Herriman Jr	2881 64th St SW	
Add			Naples, FL 34105	
Remove 3 ) Change	V	Griffith G. Herriman	2620 NE 17th Ave	
X Add		<del>-</del>	Cape Coral, FL 33909	
Remove				
4) Change			<del></del>	· 7
Add				ing fin
Remove				- - :::
5) Change		<del>_</del>		
Add				
Remove				1. 当日
6) Change		···		<b>F</b> 71
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
A	
	<del></del>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	٠
(if not applicable, indicate N/A)	
eclassification of 1,000 shares of common stock.	
enn G. Herriman Jr, number of shares of common stock: 500	· · · · · · · · · · · · · · · · · · ·
iffith G. Herriman, number of shares of common stock: 500	· <del></del>
	<del></del>
	5
	= = = = = = = = = = = = = = = = = = = =
<del></del>	

·	N/A	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendm flicient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated09	-13-2023	
Signature	Glem Grant Herrina	
selected	rector, president or other officer – if directors or officers have not be l, by an incorporator – if in the hands of a receiver, trustee, or other of	
appoint	ed fiduciary by that fiduciary)	23 (
	Glenn Grant Herriman (Typed or printed name of person signing)	
	President	<del></del>
	(Title of person signing)	
		74 5
		L-J