

P04000059498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

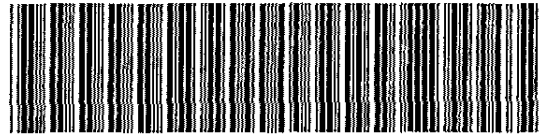
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SECRETARY OF STATE
TALLAHASSEE, FL

Amended
A. Coulllette NOV 05 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Health Staffing Services, Inc.

DOCUMENT NUMBER: P04000059498

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Calvino
(Name of Contact Person)

Health Staffing
(Firm/ Company)

13363 N.W. 8 Lane
(Address)

Miami, FL 33182
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Barbara at (305) 826-7700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
To
Articles of Incorporation
Of

HEALTH STAFFING SERVICES, INC.
P04000059498

Pursuant to the provisions of section 607.1005, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:


NEW CORPORATE NAME (if changing): n/a

AMENDMENTS ADOPTED (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article II: Delete old address
New address is as follows:
The Principal place of business address:
13363 NW 8 Lane
Miami, Florida 33182

and mailing address:
13363 NW 8 Lane
Miami, Florida 33182

Article V: delete old information
New info:
Barbara Calvino, Registered Agent
13363 NW 8 Lane
Miami, Florida 33182


Registered Agent Signature: Barbara Calvino

Article VI: delete old information
New info:
Barbara Calvino
13363 N.W. 8 Lane
Miami, Florida 33182


Signature: Barbara Calvino

Article VII: delete old information
New info:
Title: PST
Barbara Calvino
13363 N.W. 8 Lane
Miami, Florida 33182 US

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: September 1, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 19 day of October, 2004.

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Barbara Calvino

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35