## P0500041312

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C. GOLDEN 0CT - 9 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ADVANTAGE PE	ERSONNEL RESOURCE	S. INC.
DOCUMENT NUM	D05000047212		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Kevin Ross		
		Name of Contact Perso	on .
	ADVANTAGE PERSONNE	L RESOURCES, INC.	
		Firm/ Company	
	4907 NW 43rd Street, Suite I	В	
		Address	
	Gainesville, Florida 32606		
		City/ State and Zip Coo	le
kros	ss@apradvantage.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Kevin Ross		at (	258-6763
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check t	for the following amount made p	payable to the Florida Dep	artment 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)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 3230

## Articles of Amendment to Articles of Incorporation of

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ADVANTAGE PERSONNEL RESOURCES, INC.

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· ·-		
(Name of Corporation as currently	filed with the Florida De	
P05000047312		MALL WASSEE FLORIE
(Document Number of C	Corporation (if known)	- <del>17</del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation :	adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corpor	The new porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the na	me of the
Name of New Registered Agent		
(Florida stree	t address)	<del></del>
New Registered Office Address:		Florida
(C	Ίη)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar wit	h and accept the obligation	is of the position.
Signature of New Ree	istered Agent, if changing	

address of each Officer (Attach additional sheets, Please note the officer/dir P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief l r, Directa in the fo ves the c	sary)  le by the first letter of the office title:  t; T= Treasurer; S= Secretary; D= Director; TR= Tra  Financial Officer. If an officer/director holds more th  or would be PTD.  Ilowing manner, Currently John Doe is listed as the P.  orporation, Sally Smith is named the V and S. These sl	ustee; C = Chairman or Clerk; CEO = Chief ian one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V	Todd Ruano	11639 NW 15th Lane
X Add			Gainesville, Florida 32606
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change	_		
Add			

\_\_ Remove

\_ Remove

6) \_\_\_\_ Change

\_\_\_\_ Add

	icles, enter change(s) her (Be specific)		
	-		
		<del> </del>	
		<u>.                                      </u>	
	-		
	ange, reclassification, o	r cancellation of issue	d shares.
f an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained	in the amendment its	elf:
<u>provisions for implementing the ame</u>	ndment if not contained	in the amendment its	elf:
<u>provisions for implementing the ame</u>	ndment if not contained	in the amendment its	elf:
<u>provisions for implementing the ame</u>	ndment if not contained	in the amendment its	elf:
<u>provisions for implementing the ame</u>	ndment if not contained	in the amendment its	elf:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	in the amendment its	elf:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator - if in the hands of a receiver, trustee, or other of	
appointed fiduciary by that fiduciary)	
KEUW ROSS	
(Typed or printed name of person signing)	
TRESIDENT	
(Title of person signing)	