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TALLAHASSEE, FLORIDA

Rec'd 8/27/09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Resort Staffing Agency Inc

DOCUMENT NUMBER: PO 5000 146546

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

Please return all correspondence concerning this matter to the following:

Bogdan Dragos  
Name of Contact Person

Resort Staffing Agency Inc  
Firm/ Company

290 N. US HWY 1, BLDG B  
Address

ORMOND BCH, FL 32174  
City/ State and Zip Code

info@rsagencyinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bogdan Dragos at (386) 672-3408  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
**ALREADY CASHED**
- ☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2009

BOGDAN DRAGOS  
290 N US HWY 1, SUITE B  
ORMOND BCH, FL 32174

SUBJECT: RESORT STAFFING AGENCY, INC.  
Ref. Number: P05000146545

We have received your document for RESORT STAFFING AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of your document is missing. Enclosed, please find a new form with first page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 709A00026671

Articles of Amendment  
to  
Articles of Incorporation  
of

Resort Staffing Agency, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P0500014654-5

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

290 N US HWY 1

BLDG B

ORMOND BEACH FL 32174

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS PRINCIPAL ADDRESS

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

(Florida street address)

, Florida

(City)

(Zip Code)

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09 AUG 26 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	DIANE MORGAN	290 US HWY 1, BLDG B ORMOND BEACH FL 32174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES	BOGDAN DRAGOS	290 US HWY 1, B ORMOND BCH FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. 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:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 5-1-09  
(date of adoption is required)  
Effective date if applicable: 05-01-2009  
(no more than 90 days after amendment file date)

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

☐ The amendment(s) was/were adopted 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.

Dated 05-01-2009

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)

Bogdan Dragos  
(Typed or printed name of person signing)

President  
(Title of person signing)