## P06000064470

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2008 JUL -3 PM 4: 02
SECRETARY OF STATE

NC

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: A C	4 Nursing	Staffing
DOCUMENT NUMBE	r: <i>PD 6000</i>	064470	
The enclosed Articles of	f Amendment and fee a	re submitted for filing.	
Please return all corresp	ondence concerning thi	is matter to the following:	
Eri	ine Dur	eus - Examo	nd
H	&H Nu	sine Stoffer	y The
45	Marti	in Lakes	Dr.S
4	City/S	tate and Zip Code)	32220
For further information	concerning this matter,	please call:	
Erline Du (Name of Co	Nuo - Esau Ontact Person)	On at (904) 283 (Area Code & Daytim	3-90/8 e 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		Street Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

H & H Musurg Staff ung Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

PO600064470
(Document number of corporation (if known)

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

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

NEW CORPORATE NAME (if changing):

H S H Security Services For (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

(Attach additional pages if necessary)

If an amendment provides for 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)

\*\*Description: The contained in the amendment itself: (if not applicable, indicate N/A)

\*\*Description: The contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
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 fo 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 an shareholder action was not required.
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)  Et line buses - Examond  (Typed or printed name of person signing)
Prosident CEO (Title of person signing)

FILING FEE: \$35