

P07000005596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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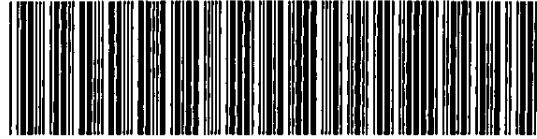
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Amend
Flewis*

03/21/07--01017--022 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAR 21 PM 12:18

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROVIDERS STAFFING AGENCY INC.

DOCUMENT NUMBER: P07000005596

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

Please return all correspondence concerning this matter to the following:

Maria L. Baez
Nueva Vida Accounting Corp.
6445 S.W. 130 Place #601
Miami, FL 33183

For further information concerning this matter, please call:

Maria L. Baez at (305) 546-0862

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certificate Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy in enclosed)

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

**Articles of Amendment
to
Articles of Incorporation
of**

FILED
2007 MAR 21 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROVIDERS STAFFING AGENCY INC.

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

P07000005596

(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:

NEW CORPORATE NAME (if changing):

(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**)

ARTICLE II: BUSINESS ADDRESS:

Add: 6434 S.W. 38 Street
Miami, FL 33155

Delete: 111 S.W. 113 Avenue #103
Miami, FL 33174

ARTICLE VII: OFFICERS

Add: Ileana Castaneda as President, Secretary & Treasurer
6434 S.W. 38 Street
Miami, FL 33155

Delete: Carlos L. Castaneda as President, Secretary & Treasurer
111 S.W. 113 Avenue #103
Miami, FL 33174

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)

N/A

The date of each amendment's adoption: 03/19/07

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

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

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

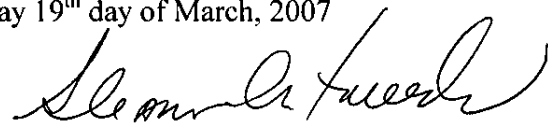
_____ The amendment (s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment (s):*

"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 day 19th day of March, 2007

Signature X 
(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)

Ileana Castaneda

(Type or printed name of person signing)

President/Registered Agent

(Title of person signing)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1) **NAME OF THE CORPORATION**


PROVIDERS STAFFING AGENCY INC.

2) **THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE.**

ILEANA CASTANEDA
6434 S.W. 38 STREET
MIAMI, FL 33155

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent.

Miami, March 19, 2007

X 

Ileana Castaneda
Agent