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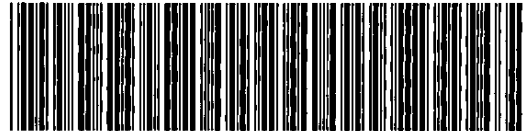
(Business Entity Name)

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AND  
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07 JUN -8 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 JUN -8 AM 11:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Amend*

C. Goulette JUN 08 2007

**LAZARUS  
CORPORATE FILING SERVICE**

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. NURSES STAFFING SERVICES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
  
OF**

\_\_\_\_\_  
**NURSES STAFFING SERVICES, INC.**  
\_\_\_\_\_  
(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(Indicate article number(s) being amended, added or deleted)*

**THE NEW OFFICER AND DIRECTOR IS:**

OMAR HERNANDEZ / PRESIDENT / 5881 NW 151 ST #219-B  
Miami Lakes, FL. 33014

**THE NEW MAILING AND PRINCIPAL ADDRESS IS:**

5881 NW 151 ST #219-B Miami Lakes, FL. 33014

**THE NEW REGISTER AGENT (NAME AND ADDRESS) IS:**

OMAR HERNANDEZ  
5881 NW 151 ST #219-B, Miami Lakes, FL. 33014

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: 6/6/07

**FOURTH:** Adoption of Amendment (s) (check one)

☒ 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 shareholders action and shareholders action was not required.

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

APPROVED  
AND  
FILED  
07 JUN -8 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 6th day of June, 2007.

By   
(Chairman or Vice Chairman of the Board of Directors, President or  
other officer if adopted by the shareholders)  
OR  
(A director or incorporator if adopted by the directors or incorporators)

MARIA E. HERNANDEZ

(Typed or printed name)

PRESIDENT/DIRECTOR

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  
OF PROCESS FOR THE 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 MY POSITION AS  
REGISTERED AGENT.

SIGNATURE 

OMAR HERNANDEZ

DATE 6/6/07