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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PRO HR S	Staffing Services, Inc
•	7114209
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Lillia	Newer. Name of Contact Person
PRO HR SH	affing Services, Inc.
	Firm/ Company
PO BOX	C 124
	Address
Brandon	FL 33509
	City/ State and Zip Code
E-mail address: (10 be us	@ Prohrstaffing. Com ed for future annual report nortification)
For further information concerning this matter, pleas	se call:
Lillian Weaver	at (813) 458-4896
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 Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

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		
Pro HR <	1 00	ices INC.	
(Name of Cornoration	n as currently filed with the Flo		
		, , , , , , , , , , , , , , , , , , ,	
	1114507	·	
. (Docume	ent Number of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, Florida tits Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			_The new
"Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a B. Enter new principal office address, if applicable:	bbreviation "P.A."		<u> </u>
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)		<u>5</u>
			15 DEC 14 11 8: 34
C. Enter new mailing address, if applicable:			
(Mailing address MAY-BE A POST OFFICE BOX			<u> </u>
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		ter the name of the	
			
Name of New Registered Agent			_
	(Florida street address)		-
New Registered Office Address:		, Florida	
	(City)		Code)
New Registered Agent's Signature, if changing Regis	tered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	Vice Pre	David L. Weaver	P.O Box 124 Brandon, Florida 33509
1 Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			····
Add			
Remove			

ach <i>additional sheets, if necesso</i> an G. Weaver am adding David		150% ownership of the corporation Pro H	IR Staffing Serev
	· · · · · · · · · · · · · · · · · · ·		
	<u></u>		
an amendment provides for an provisions for implementing the			
(if not applicable, indicate N	/A)		
Trus thousand she	ares are to he is	sved-1000 shares t	7)
Illian Weaver a	na 1000 Shares	s to David Weaver	
	1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984		····
			

The date of each amendment(s) adopts	ion: 12-9-2015	, if other than the
date this document was signed.	1000	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	●の 19 19 できた。 李明 詩
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date ment of State's records.	vill not beiliktes as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by <u>Lillian</u> G	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	C3
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	SIVICE THE
:12/9/2015		
Dated	han Weaver	4 2 4 8: 3 4
(By a directive selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	34
Eili	ian G. Weaver	
	(Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	