P070000114502

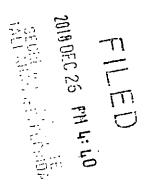
(Red	questor's Name)	
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(City	y/State/Zip/Phone #	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEC 2.7 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lillian G. Weaver PRO HR Staffing Services, Inc 220 W. Brandon Blvd, Brandon, FL 33511
City/ State and Zip Code leaver @ PAO HR Staffing. Com
(to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (813) 458-4896

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



December 20, 2018

LILLIAN G. WEAVER 220 W. BRANDON BLVD STE. 218 BRANDON, FL 33511

SUBJECT: PRO HR STAFFING SERVICES INC.

Ref. Number: P07000114502

We have received your document for PRO HR STAFFING SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The form submitted is for benefit and social purpose.

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) 245-6050.

Letter Number: 718A00026165

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

Articles of Amendment Articles of Incorporation of

	Services Inc.
	tion as currently filed with the Florida Dept. of State)
P070	000114502
	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	corporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX) = 5
D. If amending the registered agent and/or registenew registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept the obligations of the position.
Sia	pnature 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Addregs
1) Change	\vee	DAVID L. Weaver	PO BOX 124
Add			BRANDON, FL
Remove			33509
2) Change			<u></u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	_
	_
	-
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)	
AMEND STOCK SHARES ISSUED TO DAVID L. WEAVER,	
RE SECUE STACK CHARES TO Lillian & Wealth	
RE ISSUE STOCK SHARES TO Lillian G. Weaver, The sole OWNER, PRESIDENT OF PROHE Staffing Services	
the sole owner president of PRO HE Statting Services	<u>) </u>
	

The date of each amendment(s) adoption: 12-10-2018 late this document was signed.	, if other than the
Effective date <u>if applicable</u> : 2 - 10 - 2018 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 east for the amendment(s) was/were sufficient for approval by Lillian G. Weavel (voting group)	
(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 12-21-2018	
Dated 12-21-2018 Signature Lillian H. Weaver	
(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 tiduciary by that tiduciary)	
Lillian G. Weaver (Typed or printed name of person signing)	
President	
(Title of person signing)	