

PO 7000126582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

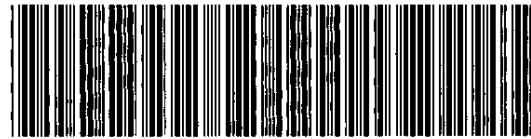
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Amend  
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FILED  
2010 JUL 22 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT**  
**OF**  
**KEYSTONE STAFFING SOLUTIONS, INC.**

FILED  
2010 JUL 22 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the corporation is:

**KEYSTONE STAFFING SOLUTIONS, INC.**

**ARTICLE II - TEXT**

Pursuant to the Florida General Corporation Act, Chapter 607 of the Florida Statutes, specifically paragraph 607.1006, the aforementioned corporation desires to amend its original Articles of Incorporation by **adding an officer to the corporation.**

**ARTICLE III- NATURE OF BUSINESS**

The specific nature of business to be transacted by this corporation is to engage in services and activities associated with decision making in the public and private sector.

**ARTICLE IV – REGISTERED AGENT**

The registered agent will remain to be Leaston Scott Lyle, of 2433 Bonnie Oaks Drive in Fernandina Beach, Florida 32034.

Signature *Leaston Scott Lyle*  
Leaston Scott Lyle

**ARTICLE V- OFFICERS**

The officers of the corporation shall now be:

Lyle	2433 Bonnie Oaks Drive Fernandina Beach, FL 32034
Pe Potter Lyle	2433 Bonnie Oaks Drive Fernandina Beach, FL 32034
Richard Weigle Secretary	703 North 15 <sup>th</sup> Street Fernandina Beach, FL 32034


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## **ARTICLE VI – AUTHORITY**

*This amendment was adopted by the provisions of the original Articles of Incorporation wherein said amendment has been voted on and approved by the undersigned the Directors and the shareholders at a Shareholders' meeting held on July 1, 2010.*

## **ARTICLE VII – EFFECTIVE DATE**

The effective date of this Amendment shall be July 1, 2010.

  
\_\_\_\_\_  
Leaston Scott Lyle, President

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** KEYSTONE STAFFING SOLUTIONS, INC.

**DOCUMENT NUMBER:** P07000126582

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

Please return all correspondence concerning this matter to the following:

Barbara McBride

Name of Contact Person

South Beach Tax & Financial Services

Firm/ Company

320 Osceola Avenue

Address

Jacksonville Beach, FL 32250

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara McBride

Name of Contact Person

at ( 904 )

241-2533

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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