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08 OCT 23 AM II: 20
SECRETARY OF STATE
TALLAHASSEE EN STATE

Ahren C.COULLIETTE

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A	WORK	Source	CORP
DOCUMENT NUMBER:	P08	000088	335 /	
The enclosed Articles of Amend	<i>lment</i> and fe	e are submitted	for filing.	
Please return all correspondence	concerning	this matter to th	ne following:	
7	– ERESA (Nar	MAH ne of Contact Pers	LAUAR U	
			E CORP	
	01 K	SAULT (Address)	ME	
	9470 W.	A BEIN // State and Zip Co	de)	32/18
For further information concern	ing this matt	er, please call:		
TERES A MAZI (Name of Contact Per	Son)	at (<u>3</u>	384) <u>38</u> Area Code & Daytir	3-7372 ne Telephone Number)
Enclosed is a check for the follo	wing amoun	t made payable	to the Florida D	epartment of State:
□\$35 Filing Fee □\$43.75 F Certifica	iling Fee & ate of Status	Certif	5 Filing Fee & ied Copy tional copy is osed)	\$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	3	Amend Division Clifton	Address ment Section n of Corporation Building secutive Center (

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

H WORK	SOURCE	LORP	
(Name of Corporation as cu	rrently filed with th	e Florida Dept. of St	<u>ate</u>)
<u> </u>	0088351		
(Document N	umber of Corporatio	n (if known)	
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc		s, this <i>Florida Profi</i>	* Corporation adopts the
A. If amending name, enter the new name	of the corporation	į.	
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation no association," or the abbreviation "P.A."	," "Inc.," or Co.,'	or the designation	"Corp, " "Inc, " or
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)			OBOCT 23 AMII
D. If amending the registered agent and/o new registered agent and/or the new re			ter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florid	a street address)	
		. <u></u>	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.			pt the obligations of the
_	Signature of New F	egistered Agent, if ch	anging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Secy	STEVEL LAXS	401 RIBAULT AN DAYTOUA BEACK FL 3211E	Add Remove
			Add Remove
	dditional sheets, if necessary). (Be sp		
F. If an ar	nendment provides for an exchange, ons for implementing the amendment	reclassification, or cancellation of	issued shares,
(if n	ot applicable, indicate N/A)		

	adoption: 10/01/08
Effective date if applicable:	10/01/08 no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	oting group)
()	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	seepest by the meetperaters without shareholder determined in
Dated /o	10,108
Signature	director, president or other officer – if directors or officers have not been
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	TERESA MAUIANALO (Typed or printed name of person signing)
•	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)