

P09000055327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

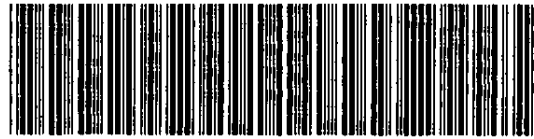
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000171966500

W10000015170

03/25/10--01032--028 **35.00

name change
E. A. Aeneas

06/15/10--01002--004 **50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 15 PM 12:06

FILED

ADR
6/15/10

420789 00524 02973 TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Account Staffing Inc

DOCUMENT NUMBER: P09000055327

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

Please return all correspondence concerning this matter to the following:

William A Harrell
Name of Contact Person -

Account Staffing Inc
Firm/ Company

939 NW 85th St
Address

Miami, Fla 33150
City/ State and Zip Code

harrell.william6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A Harrell at (305) 742-4469 (305) 1984-1951
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

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2010

WILLIAM A. HARRELL
ACCOUNT STAFFING INC.
939 NW 85TH ST.
MIAMI, FL 33150

SUBJECT: ACCOUNT STAFFING INC.
Ref. Number: P09000055327

Memo #: 05129-A

This letter is to inform you that your check number COUNTER CHECK for \$35.00, which was dated March 22, 2010 and submitted for ACCOUNT STAFFING INC. has been returned to us by your bank because of NONSUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for ACCOUNT STAFFING INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$50.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: A. RAMSEY
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Melinda Lilliston
Administrative Assistant
Bureau of Commercial Recording



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2010

William A. Harrell
Account Staffing Inc
939 NW 85th St.
Miami, FL 33150

SUBJECT: ACCOUNT STAFFING INC.
Ref. Number: P09000055327

We have received your document for ACCOUNT STAFFING 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):

Please check only 1 box under "adoption of amendment" on page 3. Please doublecheck the spelling of the new name.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 610A00007537

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 JUN 15 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Staffing Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000055327

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

StarFix Hospitality Staffing Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Account Staffing Inc

939 NW 85th St

Miami, FL 33150

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

939 NW 85th St

Miami, Fla 33150

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

William A Harrell

New Registered Office Address:

939 NW 85th St

(Florida street address)

Miami

(City)

Florida

(Zip Code) 33150

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

William A Harrell

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	William A Harvell	939 NW 85th St Miami, Fla 33150	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

StarFix Hospitality Staffing Inc
 StarFix Hospitality Staffing Inc

F. 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)

NA

The date of each amendment(s) adoption: June 25, 2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adopted Amendment(s) (CHECK ONE)

☒ 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 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 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 3/19/10

Signature William A Harrell

(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 fiduciary by that fiduciary)

William A Harrell

(Typed or printed name of person signing)

William A Harrell President

(Title of person signing)