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SECRETARY OF STATE
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### COVER LETTEK

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: STAFF	RECEWTING, INC			
DOCUMENT NU	MBER:				
The enclosed Article	les of Amendment and fee ar	re submitted for filing.			
Please return all co	rrespondence concerning this	s matter to the following:			
	EDWARD	S74FF ame of Contact Person			
•	N	ame of Contact Person	<del></del>		
_	Syaff Re	Firm/ Company			
		Firm/ Company			
_	P.O. Box 7845				
		Address			
-	INDIAN LAKE	<i>ESTATES FL</i> 33 <i>P5</i> 5 ity/ State and Zip Code			
<del></del>	E-mail address: (to be used	d for future annual report notification)			
For further informa	ation concerning this matter,	please call:			
DAVID S	_	at ( <u><b>54</b></u> ) <u><b>242</b> -</u> Area Code & Daytime Tel	7/8/ lephone Number		
Enclosed is a check	c for the following amount m	nade payable to the Florida Depar	tment 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 Ac		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6	•	Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			le		

Tallahassee, FL 32301

#### Articles of Amenament

	ticles of incorporatio	
	of	F11 6
STAFF BLC	enmale Tun	A Dept. of State)  SECRETARY OF STALLAHASON OF STALLAHASON
(Name of Corporation as curren	tly filed with the Florid	a Dent of State)
(Name of Corporation as curren	ny mea with the Pioria	SECRET M 2:
		ALLAHASAY OF THE
(Document Number	er of Corporation (if kno	20/BAPR - 1  SECRETARY OF STATE  OWN)  20/BAPR - 1  ALLAHASSEE, FLORIDA
ursuant to the provisions of section 607.1006, nendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Ilorida Profit Corporation adopts the follow
. If amending name, enter the new name of t	he corporation:	
		The new
ame must be distinguishable and contain the obreviation "Corp.," "Inc.," or Co.," or the dame must contain the word "chartered," "profe	esignation "Corp," "Inc	c," or "Co". A professional corporation
Enter new principal office address, if applic	cable:	
Principal office address <u>MUST BE A STREET</u>	ADDRESS )	
		Andre
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <b>BOX</b> )	
	***************************************	
. If amending the registered agent and/or registered agent and/or the new registered		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
		, Florida
_	(City)	(Zip Code)
	The set of second A second	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered ago		and accent the obligations of the nosition
nereby accept the appointment as registered ago	om. I am jamuar wun t	ина иссері те обпратоть ој те розтот.
Sig	mature of New Registere	ed Agent, if changing

## it amending the Officers and/or Directors, enter the little 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
16510ENT	EDWARD STAFF	P.O. BOX 7845 INDIAN LAKE 65747ES FL 33855	Add Remove
<u>ts186</u> NT	DAVID STAFF	1.0. 80x 7845 1NOIAN LAKE ESTATES FL 33855	☐ Add Remove
			☐ Add ☐ Remove
provision		reclassification, or cancellation of iss t if not contained in the amendment i	

i ne date of each amendment	(s) adoption:	3.2	5.10		
	-	(date of ado	ption is requir	red)	
Effective date if applicable:		3 · 29 · 10 90 days after an			
	(no more than	90 days after an	nendment file	date)	
• • •					
Adoption of Amendment(s)	( <u>C</u> )	HECK ONE)			
The amendment(s) was/we by the shareholders was/w	• •		The number of	of votes cast fo	or the amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the ame	ndment(s) was/v	vere sufficien	t for approval	
by			,,,		
-y <del></del>	(voting group)				
☐ The amendment(s) was/we action was not required.  ☐ The amendment(s) was/we action was not required.					
<del></del>	10	. L			
sel	a director, pres	orporator - if in t	the hands of a		rs have not been tee, or other court
	EON	ARD STA	FF		
	Т)	yped or printed	name of perso	on signing)	
	PR	ESIDENT of person signin			,
	(Title	of person signin	g)		