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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Allstaff Employment Agency, Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Hicks
Name of Contact Person All Staff Employment Agency Inc. Firth/Company 605 E Central Blvd Address Orlando FL 32803 City/ State and Zip Code And Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
And (ew Hicks at 407) 529 8903 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 \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$Certificate of Status & \$Certified Copy & \$C
Mailing Address Street Address

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

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

. ·	Articles of Amendment		
	to Articles of Incorporation		and the state of
Mar fr c	of	1	
(Name of Corporation as cu	moloyment Haenay		
P10000071300		, or state	
	umber of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Prof</i>	fit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "Co". A proj		
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or new registered agent and/or the new re	registered office address in Floric gistered office address:	la, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Cod	<u> </u>
New Registered Agent's Signature, if change I hereby accept the appointment as registerea	ging Registered Agent:	•	, I
nereby accept the appointment as registered	agent. I am jamiliar with and acce	pt the obligations of the posi-	non.
Signati	ure of New Registered Agent, if chan	nging	l

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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	VT5	Andrew Hicks	1605 E Central Blue Orlando FL 32803
2) Change Add Remove	<u>P</u>	David Howell	1001 DUNYAVED Winter lark FL 32792
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	NA
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
David Howell 1	nas purchased 50 Shares of Agency, Inc.'s Stock at the er share, equalling \$50 total. 50% of the total shares for
Allstaff Employment	Agency. Inc.'s Stock at the
Drue of \$1 pa	er share, equalling \$50 total.
This represents	50% of the total shales for
the company.	

The date of each amendment(s) adoption: 12-27-/1
Effective date if applicable: - - 2
(no more than 90 days after amendment file date)
Adoption of 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)
(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 12-27-11
Dated 12-27-11 Signature Mdr SHiel
(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)
ANDREW S. HICKS
(Typed or printed name of person signing)
<u>VP</u>
(Title of person signing)