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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Alls-taff Employment Agency, Inc.				
DOCUMENT NUMBER: P10000071300				
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.				
1906 Stonehurst Rd				
Winter Park FL 32789 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Andrew Hicks 11,407, 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

	Amendment FILED
	ncorporation 14H - 2
$\Delta u = \infty$	of A JAN -2 PH 3:08
HIIStatt Employment	Haency, nc.
(Name of Corporation as currently filed with the	Florida Dept: br State); [[(Fill)]
P10000071300	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1906 Stonehulst Rd Winter Park FL 32789
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>:5SS:</u>
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
(Cit	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
Signature of New Registered	d 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)

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	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One) 1) Change Add	Title	Name Andrew Hicks	Address 1906 Stonehult Rd Winter Palk FL 32789
Remove 2) Change Add	<u>ρ</u>	David Howell	1001 Dungaven Dr Winter Pack FL 32792
Remove 3) Change Add Remove			<i>32112</i>
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an excl	iange, reclassific	ation, or can	cellation of	issued shar	<u>es,</u>
provisions for implementing the ame					
(if not applicable, indicate N/A)	lanc	ماء	1	C -	-1 0
Andrew Hicks	Mas	pulch	ased	<u>50 </u>	snales
of Stock of at the price of \$50 total. This	Allstaff	Emola	ument	- Age	nor Inc
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The date of each amendment(s) adoption: 12-31-14 date this document was signed.	, if other than the
Effective date if applicable: (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.	
17-31-14	
Dated 12 - 31 - 14	
Signature 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)	
DAVID RAYMOND HOWELL	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature / Moh / H	
(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)	
VP	
(Title of person signing)	