## P10000101010

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ddress)            |           |
| (Ác                     | ddress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nam | ne)       |
| (Dx                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR          | RATION: HOSPITALITY ST                                                                         | AFF MANAGEMENT SE                                                           | RVICE, INC                                                                                |
|-------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| DOCUMENT NUME           |                                                                                                |                                                                             |                                                                                           |
|                         | of Amendment and fee are sul                                                                   | bmitted for filing.                                                         |                                                                                           |
| Please return all corre | spondence concerning this mat                                                                  | tter to the following:                                                      |                                                                                           |
|                         | YONG BOSCO                                                                                     |                                                                             |                                                                                           |
|                         |                                                                                                | Name of Contact Person                                                      |                                                                                           |
|                         | HOSPITALITY STAFF MAI                                                                          | NAGEMENT SERVICE, II                                                        | NC                                                                                        |
|                         |                                                                                                | Firm/ Company                                                               |                                                                                           |
|                         | 10524 MOSS PARK RD STE                                                                         | E 204-348                                                                   |                                                                                           |
|                         |                                                                                                | Address                                                                     | <del></del>                                                                               |
|                         | ORLANDO, FL 32832                                                                              |                                                                             |                                                                                           |
|                         |                                                                                                | City/ State and Zip Code                                                    |                                                                                           |
| TAX                     | ES.SOLUTIONS100@GMAF                                                                           | L.COM                                                                       |                                                                                           |
|                         |                                                                                                | sed for future annual report                                                | notification)                                                                             |
| For further information | on concerning this matter, plea                                                                |                                                                             | 721-7100                                                                                  |
| Name                    | of Contact Person                                                                              | Area Co                                                                     | de & Daytime Telephone Number                                                             |
| Enclosed is a check for | or the following amount made                                                                   | payable to the Florida Depa                                                 | artment of State:                                                                         |
| S35 Filing Fee          | □\$43.75 Filing Fee & Certificate of Status                                                    | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Am<br>Div<br>P.C        | iling Address<br>endment Section<br>ision of Corporations<br>), Box 6327<br>lahassee, FL 32314 | Amend<br>Division<br>The C                                                  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HOSPITALITY STAFF MANAGEMENT SERVICE, INC

| (Name of Corporati                                                                                                                                          | on as currently filed wit   | h the Florida Dept                      | of State)                        |              |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|----------------------------------|--------------|-----------|
| P10000101010                                                                                                                                                |                             |                                         | <del></del>                      |              |           |
| (Docur                                                                                                                                                      | nent Number of Corporati    | on (if known)                           |                                  |              |           |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:                                                                        | a Statutes, this Florida Pr | ofit Corporation ac                     | lopts the follow                 | ing amendm   | ent(s) to |
| A. If amending name, enter the new name of the c                                                                                                            | orporation:                 |                                         |                                  |              |           |
| SOKKA SERVICES INC                                                                                                                                          |                             |                                         |                                  | The nev      | 1.        |
| name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbid | " or "Co". A professio      | or "incorporated"<br>onal corporation n | or the abbrevia<br>ame_must_cont | tion "Corp., | ••        |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)                                                         |                             |                                         |                                  |              |           |
|                                                                                                                                                             |                             |                                         |                                  |              |           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                                                                       | <u>N/A</u>                  |                                         |                                  |              |           |
| D. If amending the registered agent and/or registe                                                                                                          |                             | rida, enter the nar                     | ne of the                        |              |           |
| new registered agent and/or the new registered                                                                                                              | office address:             |                                         |                                  |              |           |
| Name of New Registered Agent N/A                                                                                                                            | <del></del> ·               |                                         |                                  | _            |           |
| <u></u>                                                                                                                                                     | (Florida street address)    | <del></del>                             |                                  | <del></del>  |           |
| New Registered Office Address:                                                                                                                              |                             |                                         | . Florida                        |              |           |
| wew registered Office Address.                                                                                                                              | (City)                      |                                         |                                  | p Code)      |           |
| New Registered Agent's Signature, if changing Registered                                                                                                    | gistered Agent:             |                                         |                                  | <u> </u>     |           |
| I hereby accept the appointment as registered agent.                                                                                                        | I am familiar with and ac   | ecept the obligation                    | s of the position                | C 23         | TI CO     |
| Sign                                                                                                                                                        | ature of New Registered A   | Agent, if changing                      |                                  |              | ر.:       |

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>    | John Doc    |             |                 |  |
|----------------------------------|--------------|-------------|-------------|-----------------|--|
| X Remove                         | <u>V</u>     | Mike Jones  |             |                 |  |
| X Add                            | <u>sv</u>    | Sally Smith |             |                 |  |
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u> |             | <u>Addres</u> s |  |
| 1) Change                        | N/A          | N/A         | ·           | N/A             |  |
| Add                              |              |             |             |                 |  |
| Remove                           |              |             |             | <del></del>     |  |
| 2) Change                        |              |             |             |                 |  |
| Add                              |              |             |             |                 |  |
| Remove Change                    |              |             |             |                 |  |
| Add                              |              |             |             |                 |  |
| Remove                           |              |             |             |                 |  |
| 4) Change                        |              |             |             |                 |  |
| Add                              |              |             |             |                 |  |
| Remove                           |              |             |             |                 |  |
| 5) Change                        |              |             |             |                 |  |
| Add                              |              |             |             |                 |  |
| Remove                           |              |             |             |                 |  |
| 6) Change                        |              |             |             |                 |  |
| Add                              |              |             |             |                 |  |
| Remove                           |              |             |             |                 |  |
|                                  |              |             | Page 2 of 4 |                 |  |
| E. If amending or additional she |              |             |             |                 |  |

| ,                                                                                                           |                                                                                                              |             |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                             |                                                                                                              | <del></del> |
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|                                                                                                             |                                                                                                              |             |
|                                                                                                             |                                                                                                              |             |
|                                                                                                             |                                                                                                              |             |
| rovisions for implementing the am-                                                                          | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |             |
| an amendment provides for an exc<br>provisions for implementing the am<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | •           |
| provisions for implementing the am-                                                                         | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |             |
| provisions for implementing the am-                                                                         | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |             |
| provisions for implementing the am-                                                                         | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |             |
| provisions for implementing the am-                                                                         | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |             |
| provisions for implementing the ame                                                                         | endment if not contained in the amendment itself:                                                            |             |
| provisions for implementing the ame                                                                         | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |             |
| provisions for implementing the ame                                                                         | endment if not contained in the amendment itself:                                                            |             |
| provisions for implementing the ame                                                                         | endment if not contained in the amendment itself:                                                            |             |
| provisions for implementing the ame                                                                         | endment if not contained in the amendment itself:                                                            |             |
| provisions for implementing the ame                                                                         | endment if not contained in the amendment itself:                                                            |             |
| rovisions for implementing the am-                                                                          | endment if not contained in the amendment itself:                                                            |             |
| provisions for implementing the ame                                                                         | endment if not contained in the amendment itself:                                                            |             |

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s)                                         | (CHECK ONE)                                                                                                                                                                                  |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ■ The amendment(s) was/were ad<br>by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.                                                                                             |
|                                                                  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):                                                 |
| "The number of votes case                                        | for the amendment(s) was/were sufficient for approval                                                                                                                                        |
| hy                                                               |                                                                                                                                                                                              |
|                                                                  | (voting group)                                                                                                                                                                               |
| ☐ The amendment(s) was/were ad action was not required.          | opted by the board of directors without shareholder action and shareholder                                                                                                                   |
| ☐ The amendment(s) was/were ad action was not required.          | opted by the incorporators without shareholder action and shareholder                                                                                                                        |
| Dated 12/06/2019<br>Signature                                    | Osciljano                                                                                                                                                                                    |
| (By a c                                                          | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
|                                                                  | YONG, DINSAN B                                                                                                                                                                               |
|                                                                  | (Typed or printed name of person signing)                                                                                                                                                    |
|                                                                  | DPT                                                                                                                                                                                          |
|                                                                  | (Title of person signing)                                                                                                                                                                    |