P110000001626

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Preferred Staffing of America, Inc. DOCUMENT NUMBER: P11000061626 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Constandina Mougros Name of Contact Person Firm/ Company 11928 Sheldon Road Address Tampa, Fl. 33626 City/ State and Zip Code dina.otto@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Constandina Mougros Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section **Amendment Section** Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Preferred Staffing of America, Inc)		
(Name of Corporation as currently file	d with the Florida Dept. of	State)	
P11000061626			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A profes	" or "incorporated" or the ssional corporation name mus	abbreviation st contain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		TALE 1
			3 S
			<u> 表記 中 I</u>
C. Enter new mailing address, if applicable:			N
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		EP-6 PH L: 1 EIARY OF STATE HASSEE, FLORID
			<u> </u>
	 		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	<u>d office address in Florida.</u> ffice address:	, enter the name of the	
	inec address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and accept	t the obligations of the position	7.
Signature of Nev	v Registered Agent, if change	ing	

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:	·	y omin, or as an naa.							
X Change	<u>PT</u>	John Doe							
X Remove	Y	Mike Jones							
X Add	<u>sv</u>	Sally Smith							
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s						
1) X Change	PCEO	Constandina Mougros	11928 Sheldon Road						
Add			Tampa, Fl. 33626						
Remove									
2) Change									
Add									
Remove									
3) Change									
Add									
Remove									
4) Change									
Add									
Remove									
5) Change									
Add									
Remove									
6) Change									
Add									
Remove									

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pro	visio	ns for i	mple	menti	ing th	e am	endme	nt if not	conta	ined in	the am	endme	nt itsel	<u>f:</u>	_	
	(if ne	ot appli	cable	, indi	cate N	V/A)										
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date this document was signed.	_, if other than t
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)	
☐ 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.	
$\frac{9/3/20/3}{}$	
Signature May	_
(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)	
(Typed or printed name of person signing)	
	-
President/CED	_
(Title of person signing)	