P11000100524

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2016 JUL 25 AM 10: 51

SECRETARY OF STAIL
STORE OF CORPORATION

AUG 3 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: PEO PROCESS | ING CONSULTANTS, INC. | | | |
|--|-------------------------------|--|--|--|
| DOCUMENT NUMBER: P11000100524 | | | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | | |
| Please return all correspondence concerning this r | matter to the following: | | | |
| RONALD L. HODGE | | | | |
| | Name of Contact Person | | | |
| CORNERSTONE CAPITAL GROUP, INC. | | | | |
| | Firm/ Company | | | |
| 10000 LINCOLN DRIVE | EAST, SUITE 201 | | | |
| | Address | | | |
| MARLTON NJ 08053 | | | | |
| | City/ State and Zip Code | | | |
| ADMIN@CORNERSTONEPE | O.COM | | | |
| E-mail address: (to be | used for future annual report | notification) | | |
| For further information concerning this matter, pl | ease call: | | | |
| ZACHARY Z. KING | at (<u>856</u> |) 669-7745 le & Daytime Telephone Number | | |
| Name of Contact Person | Area Coo | de & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| □ \$35 Filing Fee Secretificate of Status | | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILEG SECRETARY OF STATE DIVISION OF CORPORATIONS

77,

2016 JUL 25 AM 10: 56

| PEO PROCESSING CONSULTANTS, I | NC. | | |
|--|------------------------------|------------------------------|--------------------------------------|
| (Name o | of Corporation as curren | tly filed with the Florida D | ept. of State) |
| P11000100524 | | | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation | adopts the following amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| CORNERSTONE EMPLOYER SOLUT | IONS III, INC. | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or | "Co". A professional corp | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 114 NORTHWEST LAWTON ROAD | |
| | | PORT SAINT LUCIE I | FL 34986 |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 10 WILLOW ROAD | |
| | | BUILDING 3, BOX 151 | |
| | | MAPLE SHADE NJ 08 | 052 |
| D. If amending the registered agent ar new registered agent and/or the ne | | | name of the |
| Name of New Registered Agent | RONALD L. HODGE | | |
| Nume of Her Registered riges | 114 NORTHWEST LAV | WTON ROAD | |
| | (Florida s | street address) | |
| New Registered Office Address: | PORT SAINT LUCIE | | , Florida 34986 |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if c I hereby accept the appointment as registered. | | | ions of the position. |
| | M | 200 | |
| | Signature of Mour | Pogistared Agent if changing | 10 |

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> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | RICHARD A. GARCIA | 6161 BLUE LAGOON DRIVE |
| Add | | | #150 |
| X Remove | | | MIAMI FL 33126 |
| 2) Change | V | ELIZABETH N. GARCIA | 6161 BLUE LAGOON DRIVE |
| Add | | | #150 |
| X Remove | | | MIAMI FL 33126 |
| 3) Change | P;V | RONALD L. HODGE | 114 NORTHWEST LAWTON RD |
| X Add | | | PORT SAINT LUCIE FL 34986 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | ssary). (Be specific) |) | | |
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| NOT APPLICABLE] | | | | |
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| IT OR OWOND MANE DESCRIPTION OF | he amendment if not | t contained in the ame | ndment itself: | |
| provisions for implementing t | | | | |
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| | 07/01/2016 | T SL. T. | U Out Sinhinii ii |
|---|---|----------------------------|----------------------|
| The date of each amendment(s) | adoption: | SECRETARY NVISION OF CO | other than the |
| date this document was signed. | 10.4 (9.0.1.4) | ••• | |
| 07 Effective date <u>if applicable</u> : | /01/2016 | 2016 JUL 25 | AH 10: 56 |
| Effective date it applicable. | (no more than 90 days after amendment file date) | Luis OQL | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, Department of State's records. | this date will not | be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amen sufficient for approval. | dment(s) | |
| | pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment | | |
| | st for the amendment(s) was/were sufficient for approval | | |
| by | (voting group) | | |
| , | (voting group) | | |
| | dopted by the board of directors without shareholder action and sha | areholder | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | older | |
| 07/01/20 Dated | 16 | | |
| Signature | Mezh | | |
| selec | director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or ot inted fiduciary by that fiduciary) | | |
| | RONALD L. HODGE | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT | | |
| | (Title of person signing) | | |