

P12000082381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

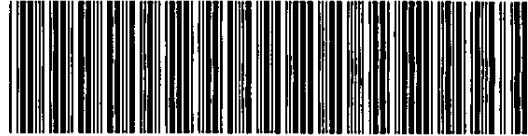
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271522337

700271522337
12/22/15--01029--002 **110.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 22 AM 11:28

JAN - 5 2016

C LEWIS



Sivyer Barlow & Watson, P.A.

ATTORNEYS AT LAW

MAHLON H. BARLOW, III
JACQUELINE T. CARRICATO
ROBERT L. CHAPMAN
R.J. HAUGHEY, II
EDWARD J. KUCHINSKI
J. CARLTON MITCHELL
NEAL A. SIVYER
PAUL D. WATSON

SUNTRUST FINANCIAL CENTRE
401 E. JACKSON STREET
SUITE 2225
TAMPA, FL 33602
(813) 221-4242
FAX: (813) 227-8598
www.sbwlegal.com

OF COUNSEL:
GAIL M. ABERCROMBIE
DAVID S. WATSON

SENDER'S EMAIL:

gabercrombie@sbwlegal.com

December 21, 2015

VIA FEDEX

Division of Corporations
Amendment Section
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Name Change Amendments

Greetings:

Enclosed are Articles of Amendment along with form cover letters for the following four (4) entities:

1. Inspyre PEO, Inc.
2. Inspyre PEO, II, LLC
3. Inspyre PEO, III, LLC
4. Inspyre PEO, IV, LLC

Also enclosed is our firm's check in the amount of \$110.00 in payment of the filing fees for the amendments. If you have any questions, please contact me at (813) 221-4242.

Sincerely,

Gail Martin Abercrombie

GMA/
Enclosures

The Front Image:

[Print](#)

SIVYER, BARLOW & WATSON, P.A. OPERATING ACCOUNT 401 EAST JACKSON STREET, SUITE 1225 TAMPA, FL 33602 813-221-4242		Hancock Bank 65-1278-431	10306
PAY TO THE ORDER OF One Hundred Ten Dollars and 00/100 Florida Department of State P.O. Box 6100 Tallahassee, FL 32314		12/21/2015 DATE	\$110.00 Amount
Filing fee for name change and mls (4 on/line) 1203.0			
010306 :063112785: 730830749*			

The Back Image:

[Print](#)

MICR LINE: 010306* :063112785: 730830749*		010306* :063112785: 730830749* 12/21/15-010306-402
---	--	---

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Inspyre PEO, Inc.

DOCUMENT NUMBER: P12000082381

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail Martin Abercrombie

Name of Contact Person

Sivyer Barlow & Watson, P.A.

Firm/ Company

401 East Jackson Street, Suite 2225

Address

Tampa, FL 33602

City/ State and Zip Code

bcleghorn@omsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Martin Abercrombie

at (813)

221-4242

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

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 DEC 22 AM 11:28

Inspyre PEO, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000082381

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

OMS PEO, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____
date this document was signed.

if other than the
SECRETARY OF STATE
DIVISION OF CORPORATION

Effective date if applicable: _____

(no more than 90 days after amendment file date)

15 DEC 22 AM 11:28

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 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.

December 21, 2015

Dated _____

Signature

Gail Martin Abercrombie

(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)

Gail Martin Abercrombie

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)