## P13000058354

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13 JUL 29 PH 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DC7/30

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ON DEMAND EM	PLOYMENT AGENCY AN	ND MUTLI SERVICES INC
DOCUMENT NUMB	D120000E02E		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	FRANCOIS, GUO	ET	
•		Name of Contact Person	<u> </u>
	TRUE MULTISER	RVICES INC	
		Firm/ Company	
	PO BOX 204		
•		Address	
	<b>BOYNTON BEAC</b>	CH, FL 33425	
•		City/ State and Zip Code	
min	ncgoey@aol.com		
··· <u>·</u> ···		ed for future annual report	notification)
		·	·
For further information	concerning this matter, pleas	e call:	
PAULINA SE	PPANEN	at (561	734-8599
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment 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)
Ame Divi	ling Address ndment Section sion of Corporations Boy 6327	Amend Divisio	Address Iment Section on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**



ON DEMAND EMPLOYMENT AGENCY AND MUTLI SERVICES INC

(Name of Corporation as currently filed with the Florida D. (13 JUL 29 PM 12: 34)

nent(s) to

P13000058354			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida Proj</i>	ofit Corporation adopts the following an	nendme
A. If amending name, enter the new name of the	e corporation:		
TRUE MULTISERVICES, INC		The	e new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A pro	any," or "incorporated" or the abbre ofessional corporation name must cont	eviation tain the
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	able: ADDRESS )	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )		
D. If amending the registered agent and/or reging new registered agent and/or the new register		ida, enter the name of the	
Name of New Registered Agent	<u> </u>	<u> </u>	
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		cent the abligations of the position	
as registered appointment as registered ager	I with further train with acco	sept the obligations of the position.	
C:4	CM D		

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Miks</u>	<u> Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	JUNIOR RENE	3778 GLADYS CT
Add			LAKE WORTH, FL 33461
Remove			
2) X Change	COO	GUCET FRANCOIS	PO BOX 204
Add			BOYNTON BEACH, FL 33425
Remove			
3) X Change	CFO	JEAN RENE	1623 NE 3RD CT
Add			BOYNTON BEACH, FL 33435
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)  N/A  If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contact (if not applicable, indicate N/A)  N/A	
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	ı, or cancellation of issued shares,
	ned in the amendment itself:
<u>//A</u>	

The date of each amendment(s) adoption: U//IU/2U   3 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
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.	
Dated 07/25/13	
(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)	_
Gucet Francois	
(Typed or printed name of person signing)	
COO	
(Title of person signing)	<del></del>