(Re	questor's Name)	
(Ad	dress)	<del>,</del>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Medistaff N	Network of Palm	Beach, Inc.				
DOCUMENT NUMBER: P13000076261						
The enclosed Articles of Amendment and fee are so	ubmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Neal Walter						
	Name of Contact Persor	1				
Medistaff Networ	rk of Palm Beach	, Inc.				
	Firm/ Company					
8461 Lake Worth	n Rd, Ste 156					
	Address					
Lake Worth, FL,	33467					
	City/ State and Zip Code	2				
palmbeach@medist	affnetwork.com					
	ised for future annual report	notification)				
	•	·				
For further information concerning this matter, plea	ase call:					
Autumn Walter	at (319	, 290-7518				
Name of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:				
□ \$35 Filing Fee	□\$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	Amend Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

## Articles of Amendment

to
Articles of Incorporation
of

## FILED 14 DEC 29 PH 2:50

Medistaff Network of Palm Beach, Inc.	FALLAN AND STATES
(Name of Corporation as currently filed with the I	
	-44
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. <u>If amending the registered agent and/or registered office add</u>	lucas in Elevida antau the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	
The state of the s	<del></del>
(Florida st	reet address)
New Registered Office Address: N/A	PI : I
New Registered Office Address: (City,	, Florida
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
nereo, accept the appointment as registered agent. I am familiar	with and accept the voltgations of the position.
Signature of New Registered	Agant if alagraina

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Autumn Walter	8461 Lake Worth Rd, Ste 15 ¢
Add			Lake Worth, FL, 33467
Remove			
2) Change	V	Neal Walter	8461 Lake Worth Rd, Ste 154
Add			Lake Worth, FL, 33467
Remove			
3) Change	<u>P</u>	Neal Walter	8461 Lake Worth Rd, Ste 154
Add_			Lake Worth, FL, 33647
Remove			
4) Change		<del>-</del>	
Add			
Remove			<del></del>
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Remove Autumn Walter as President.
Change Neal Walter from Vice President to President.
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

date this document was signed.	adoption:	, if other than th
J	anuary 1, 2015	
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
action was not required.	in the memperature manufacture relation and and enotice	
Dated 12/15/	114	
selec	a director, president or other officer – if directors or officers have not been eted. by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	_
	Autumn Walter	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	