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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Front Line Staffing Corp DOCUMENT NUMBER: P13000081044 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Becky Shannon Name of Contact Person Front Line Staffing Corp Firm/ Company 1705 Colonial Blvd Suite B-4 Address Fort Myers, Fl. 33907 City/ State and Zip Code becky@frontlinestaffing.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 229-3802
Area Code & Daytime Telephone Number Becky Shannon Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Front Line Staffing Corp

SECRETAL FULL TAKE

(Name o	of Corporation as current	ly filed with the Florida Dept. of State)
P13000081044		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
	nation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		1705 Colonial Blvd Suite B-4
(Principal office address MUST BE A S		Fort Myers, Fl. 33907
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1705 Colonial Blvd Suite B-4 Fort Myers, Fl. 33907
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	Becky Shannon	
name of their registered rigers	1705 Colonial Blvd Suite	B-4
New Registered Office Address;	(Florida st	reet address)
	Fort Myers	, Florida 33907
-		(City) (Zip Code)
New Registered Agent's Signature, if c	ered agent. I am familiar	t: with and accept the obligations of the position. 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	CFO		Barbara A Horner	1705 Colonial Blvd Suite B-4
Add				Fort Myers, Fl. 33907
Remove				
2) Change	P,S,T	_	Becky Shannon	1705 Colonial Blvd Suite B-4
X Add				Fort Myers, Fl. 33907
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		, <u>, , , , , , , , , , , , , , , , , , </u>
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
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f an amandment provides for an evol	hange reclassification or cancellation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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06/30/16	, if other than th
The date of each amendment(s) adoption:	, it other than th
Effective date if applicable:	days after amendment file date)
(no more than 90	days after amenament file aate)
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The r by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throu must be separately provided for each voting group entitled to voting group entitled group entitle	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	. 22
by(voling group)	
☐ The amendment(s) was/were adopted by the board of directors was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators witho action was not required.	ut shareholder action and shareholder
Dated Signature	Name en
(By a director, president or other office	r – if directors or officers have not been
selected, by an incorporator—if in the appointed fiduciary by that fiduciary)	nands of a receiver, trustee, or other court
Becky Shannon	
(Typed or printed na	me of person signing)
President	
(Title of	nerson signing)