P130000 93629

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AICO PRO		AFFING INC		
DOCUMENT NUMBER: P13000093629				
The enclosed Articles of Amendment and fee are sul				
Please return all correspondence concerning this mat	ter to the following:			
JOE FALUADE				
	Name of Contact Perso	n		
AICO PROFESSI	ONAL STAFFIN	NG INC		
	Firm/ Company			
2111 SW 60 WAY	(
	Address			
MIRAMAR, FL 33	3023			
	City/ State and Zip Cod	e		
ksiall@aol.com				
	ed for future annual report	notification)		
For further information concerning this matter, pleas	e call:			
JOE FALUADE	at (954	de & Daytime Telephone Number		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

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Articles of Amendment to Articles of Incorporation of

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	Articles of Inco	rporation		
AICO PROFESSIONAL	STAFFING INC		TALL MASSELT	LOTAIE LOTAIA
	currently filed with the Flo	orida Dept, of Stat		-
P13000093629			-	
(Documer	nt Number of Corporation (if	known)		-
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this F	Elorida Profit Corpe	oration adopts the followin	g amendment(s)
. If amending name, enter the new na	nme of the corporation:			
THE AICO GROUP COF	RPORATION			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc." or "C	lo". A professiona		bbreviation
Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A		-
. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		-
. If amending the registered agent an new registered agent and/or the new		ess in Florida, ente	r the name of the	-
Name of New Registered Agent	14//		<u> </u>	
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
<u> </u>	(City)	***************************************	(Zip Code)	•
ew Registered Agent's Signature, if cl hereby accept the appointment as regist		ith and accept the o	bligations of the position.	
Sis		pent if changing	 	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e, 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 <math>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>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		***************************************
Add Remove			
			
2) Change Add		_	
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change		_	
Add			
6) Change		_	
Add			
Remove			

/A	(Be specific)
, , ,	
If an amendment provides for an eyeb	nance, reclassification, or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

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	14 JAN 21 AM 9: 32	is along them the
The date of each amendment(s) adoption: date this document was signed.	SECHTI ON UP UMIE FALLAHAUSEELFEGIÄA	, if other than the
Effective date if applicable:	MECHINOSEL FULL	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CE	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	ting group)	
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated_01/16/2014		
Signature Joseph	Faluade	***
	sident or other officer – if directors or officers have not been	
	orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	
•	· ·	
JOE FA		
	(Typed or printed name of person signing)	
PRESID	ENT	
	(Title of person signing)	