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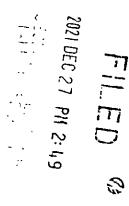
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C. BRUMBLEY

JAN - 3 2022

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPO	Professional Staffin	ng Services Group, Inc		
DOCUMENT NUM	BER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Michael Schwartz			2021-1110 111 8:18
	·	Name of Contact Persor	1	
	Professional Staffing Service	s Group, Inc.		
	<del></del> -			
	217 North Westmonte Drive.	Suite 2013		
	<u> </u>	Address		
	Altamonte Springs, FL 32714	į.		
		City/ State and Zip Code	e	
	michael@prostaff.cc			
	o.	sed for future annual report	notification)	
For further informati Michael Schwartz	on concerning this matter, pleas		878-3900	
Name of Contact Person		Area Co	) 878-3900 de & Daytime Telepho	one Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy is enclosed)	
An Di P.C	niling Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Su	iite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

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- Yoxessional Stat	Ring Services Group, Tine,
	filed with the Florida Dept. of State)
<del>\</del> /\c	160005936
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) t
A 15	
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "co" lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	professional corporation name must contain the word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P21 DEC 27 PH 2: 49
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Re	ith and accept the obligations of the position.  gistered Agent, if changing
Charle if applicable	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	Joshua Schwartz	217 N. Westmonte Drive
X Add			Suite 2013
Remove			Altamonte Springs, FL 32714
2) Change	<u>v</u>	Emily Schwartz	217 N. Westmonte Drive
X Add			Suite 2013
Remove			Altamonte Springs, FL 32714
3) Change	<u></u>	Lori Schwartz	217 N. Westmonte Drive
Add			Suite 2013
X Remove			Altamonte Springs, FL 32714
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary).	(Be specific)			
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				····	
	cides for an exch	ange, reclassificat	ion, or cancellat	ion of issued share	·S.
an amendment prov		ndmont if not cont	gined in the am	endment itself:	<b></b>
an amendment prov	nenting the ame				
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	November 18, 2021	
The date of each amendment(s	) adoption:	, if other than the
late this document was signed.	Sovember 18, 2021	
Effective date <u>if applicable</u> : _	(ovember 18, 2021	
	(no more than 90 days after amendment file date	·/
	is block does not meet the applicable statutory filing requirement. Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an e sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	<del>-</del>
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	<u>, "</u>	
o,	(voting group)	
Novemb	per 18, 2021	
Dated	<del>- 111, 2021</del>	
Signature <u></u>		
sele	a director, president or other officer – if directors or officers have eted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	Michael Schwartz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	