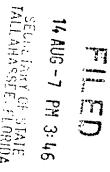
## P14000060056

(Requestor's Name)
(Address)
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CM. 8-5-14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	Rehab Staffing	g Solutions Inc		
•	P14000060056			
DOCUMENT NUM	BER:			- <del></del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		ECH.
Please return all correspondence concerning this matter to the following:			TO C	
	Jared Koumentis			High Tigh
	Rehab Staffing Solution	Name of Contact Person ons Inc	1	
	325 S.E. 52nd CT	Firm/ Company		—— ₹>
	Ocala, FL 34471	Address		
		City/ State and Zip Cod	e	
jare	d@rehabstaffingsolutio			
	_	sed for future annual report	notification)	_
	,	,	,	
For further information	on concerning this matter, pleas	se call:		
Jared Koumenti	s	352 at (	387-7831	
. Name	of Contact Person	Area Co	de & Daytime Telephone I	lumber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Am Div P.C	illing Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address  dment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Rehab	Staffing	Solutions	Inc

(Name of Corporation as P14000060056	currently filed with the Flor	ida Dept. of Stat	<u>e</u> )		_		
(Documen	t Number of Corporation (if k	nown)			_		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i> o	orida Profit Corp	oration adopts	s the followir	ig aine	ndment	(s) (
A. If amending name, enter the new na	me of the corporation:						
					The		
name must be distinguishable and cont "Corp" "Inc.," or Co" or the design word "chartered," "professional associate.  B. Enter new principal office address, (Principal office address MUST BE A ST	ation "Corp," "Inc," or "Co tion," or the abbreviation "P. if applicable:	o". A profession	"incorporate al corporation	ed" or the a name must	ibbrev contai	iation in the	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST 6		N/A		IAL	 		
D. If amending the registered agent an new registered agent and/or the new		s in Florida, ente	er the name o	f the FF. F	AUG-7 PH		<b>3</b> :
Name of New Registered Agent	325 S.E. 52nd CT			SEAT	ડઃ <b>૧</b> 6	J	22 (5
	(Florida stree	address)		0m >	9		,
New Registered Office Address:	Ocala (City)		Florida	471 (Zip Code)	<del>-</del>		
New Registered Agent's Signature, if c I hereby accept the appointment as regist  Si	hanging Registered Agent:		obligations of	the position.			

Page 1 of 4

## 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:	ove, and sany	Smin, SV iis iii Auti.	Ps:
X Change	<u>PT</u> .	John Doe	14 AUG SEGRE TALLAH
X Remove	<u>V</u>	Mike Jones	(S) 1 P
X Add	<u>SV</u>	Sally Smith	To B
Type of Action (Check One)	Title	Name	Address ORNO 45
1) Change	CEO	Lisa M Cantrell	13780 S.E. 100th Ave.
Add			Belleview, FL. 34420
Remove			
2) Change	VTS	Jared A Koumentis	325 S.E. 52nd CT.
Add			Ocala, FL. 34471
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)  N/A			
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	7>	_, 0,	
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		_	
		_	
		<u></u>	
		_	
		_	
	<del></del>	_	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.  Aug. 2, 2014	
Effective date if applicable:  (no more than 90 days after amendment file date)	_
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	14 AUG -7 PM 3: 46
action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (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)	_
C.EO.	_
(Title of person signing)	