

08/27/2032 08:13

08/27/2032 P.081/002

**P14000075199**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000242665 3)))



H140002426653ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PAIN SOLUTIONS MEDICAL GROUP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

14 OCT 16 PM 4:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OCT 17 2014

T. CARTER

Electronic Filing Menu

Corporate Filing Menu

Help

14 OCT 16 AM 11:31

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

H14000242635

PAIN SOLUTIONS MEDICAL GROUP INC.

Florida Document Number:

P14000075199

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NAME CHANGE TO:CONSULTANTS STAFF SOLUTIONS INCFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 16 AM 11:31

These articles of amendment were adopted on 10-10-14

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

MAYBIS CAMPOALEGRE  
SignaturePRESIDENT  
Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H14000242635