## PISWOYPE

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PICK-UP	WAIT	MAIL
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Special Instructions to Fili	ng Officer:	
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K. WHITE

15 SEP 25 AN IO: 5

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BroadStaff Incorpo	orated	
DOCUMENT NUMB			
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	iter to the following:	
	Russell Liebowitz		
-	1879-1479-1-1-10-1	Name of Contact Persor	1
		Firm/ Company	
	3902 Henderson Blvd, Suite	208, Mail Stop 216	
-		Address	
	Tampa, FL 33629		
-	,	City/ State and Zip Code	2
russ.li	ewbowitz@broadstaff.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
Name o	of Contact Person	at ( at Co	de & Daytime Telephone Number
	the following amount made		·
□ \$35 Filing Fce	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



BroadStaff Incorporated

15 SEP 25 AH 10: 58

P1500049952	or por action as current	tly filed with the Florida Dept: of State), 17 COLONAL TALLAHASSEE, FLORIDA
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	6, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name	of the corporation:	•
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	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: (Principal office address MUST BE A STREET ADDRESS)		3902 Henderson Blvd, Suite 208-216
		Tampa, FL 33629
C. Estan many modified address if applicable	alor.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3902 Henderson Blvd, Suite 208-216
		Tampa, FL 33629
D. If amending the registered agent and/o new registered agent and/or the new re		
Name of New Registered Agent	ussell Liebowitz	
	002 Henderson Blvd, S	uite 208-216
_	(Florida s	treet address)
New Registered Office Address:	ımpa	, Florida 33629
		(City) (Zip Code)
New Registered Agent's Signature, if char	nging Registered Agen	ıt:
I hereby accept the appointment as reg <del>iste</del> ve	d agent I am familian	with and accept the obligations of the position.

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 De	<u>0e</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				,
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1.00	4-344	
f an amendment provides for an exc	hange, reclassification, or cancellation of issue	ed shares,
provisions for implementing the amo	endment if not contained in the amendment its	<u>self:</u>
(if not applicable, indicate N/A)		
		<u> </u>

The date of each amendment(s) adoption date this document was signed.	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as the at of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.
☐ The amendment(s) was/were approved be must be separately provided for each vo	y the shareholders through voting groups. The following statement
	nmendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
DatedSignature	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
Russel	l Liebowtiz
	(Typed or printed name of person signing)
Preside	ent
	(Title of person signing)