P15 000099540

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , ,
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



100417061271

10/18/23--01018--001 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Accurate Employe	r Solutions		
DOCUMENT NUM	D1500000540	A100		
The enclosed <i>Article</i> :	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	John Holcomb			
	·	Name of Contact Person		
	Accurate Employer Solutions	;		
	-	Firm/ Company		
	14499 N Dale Mabry Hwy, Suite 250-S			
		Address		
	Tampa, FL 33618			
		City/ State and Zip Code	<u> </u>	
	sholcomb@aes-hr.com			
	-	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		r : - <u>-</u>
John Holcomb		at (551-0115	;
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	_
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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 Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Amendment Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

lover	Solutions
	loyer

ceurate Employer Solutions			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
15000099540			
(Document Number	of Corporation (if known)		
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment		
If amending name, enter the new name of the corporation:			
/A	The new		
une must be distinguishable and contain the word "corporation," (nc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word		
• •	14499 N Dale Mabry Hwy		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 250-S		
	Tampa, FL 33618		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14499 N Dale Mabry Hwy		
	Suite 250-S		
	Tampa, FL 33618		
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
N/A Name of New Registered Agent			
Name of New Registered Agent	<u> </u>		
Name of New Registered Agent	treet address)		
Name of New Registered Agent	Treet address)		

Check if applicable

 $[\]Box$ 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)

Add

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 PT John Doe X Remove \underline{V} Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) VΡ Anthony V Ferlita 16019 N Florida Avenue 1) ____ Change Lutz, FL 33549 ___ Add Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change Add __ Remove δ) ____ Change

Attach additional sheets, if necessary). (Be specific)	
	
· · · · · · · · · · · · · · · · · · ·	
	
	·
	
	· · · · · · · · · · · · · · · · · · ·
f 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)	
.,	
	<u> </u>
	,;

	10/12/2023	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	2/2023	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(Monney than 10 days after amenament file date)	
Note: If the date inserted in this bl-document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this deartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(2)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following staten ach voting group entitled to vote separately on the amendment(s):	ent
	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/12/2023		
Dated		
	1/ }	
Signature	ector, 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 could fiduciary by that fiduciary)	rt
		• •
J	ohn Holcomb	1 3 3
_	(Typed or printed name of person signing)	
F	President	<u>-</u>
	(Title of person signing)	