## P15000099540

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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TO: Amendment Section Division of Corporations

| NAME OF CORPO                              | ORATION: ACCURATE EMP                       | LOYER SOLUTIONS  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUM                               | P15000099540                                |  |  |  |  |
| The enclosed Article                       | s of Amendment and fee are su               | bmitted for filing.  |  |  |  |
| Please return all corr                     | espondence concerning this ma               | tter to the following:   |  |  |  |
|  | John Holcomb                                |  |  |  |  |
|  |   | Name of Contact Persor   | 1  |  |  |
|  | Accurate Employer Solutions                 |  |  |  |  |
|  | Firm/ Company                               |  |  |  |  |
|  | 14499 N Dale Mabry Hwy, Suite 250-S         |  |  |  |  |
|  | Address                                     |  |  |  |  |
|  | Tampa, FL 33618                             |  |  |  |  |
|  |   | City/ State and Zip Code   | <u> </u>   |  |  |
|  | holcomb@aes-hr.com                          |  |  |  |  |
|  | •   | sed for future annual report                                     | notification)  |  |  |
| For further informati                      | on concerning this matter. plea             | se call:at (   | 551-0115   |  |  |
| Name of Contact Person                     |   | at (<br>Area Co  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check                        | for 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) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address                            |   |  | Address  |  |  |
| Amendment Section Division of Corporations |   | Amendment Section 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

| P15000099540   | oration as currently filed with the Flori                               |   |
|--|---|---|
| (D   |   | da Dept. of State)                          |
|  |   |   |
| Pursuant to the provisions of section 607.1006. Fl   | ocument Number of Corporation (if know                                  | m)  |
| its Articles of Incorporation:   | orida Statutes, this Florida Profit Corpor                              | vation adopts the following amendment(s) to |
| A. If amending name, enter the new name of t   | he corporation:   |   |
| N/A  |   | The new                                     |
| name must be distinguishable and contain the wor<br>"Inc.," or Co.," or the designation "Corp."<br>"chartered," "professional association," or the c | Inc," or "Co". A professional corpor                                    | orated" or the abbreviation "Corp.,"        |
| B. Enter new principal office address, if applic   |   |   |
| (Principal office address MUST BE A STREET   | ADDRESS )   |   |
|  | <del> </del>  |   |
|  | <del></del>   | <del>.</del>                                |
| C. Enter new mailing address, if applicable:   | e nov. N/A  |   |
| (Mailing address MAY BE A POST OFFICE  | <u></u>   |   |
|  |   |   |
|  |   | [ [   |
|  |   |   |
| D. If amending the registered agent and/or registered agent and/or the new registered.   |   | the name of the                             |
|  | John S. Holcomb SR, remains registered agent. Only the address changed. |   |
| Name of New Registered Agent   | John S. Holcomb Sk. Temanis registered agent. Only the address changed. |   |
| 144991   | 14499 N. Dale Mabry Highway, Suite 250-S                                |   |
|  | (Florida street address)  |   |
| Tampa  |   | , Florida_33618                             |
| New Registered Office Address:   | (City)  | (Zip Code)                                  |

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)

Example:

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.

| X Change                      | <u>PT</u>                | John Doe    |                 |
|-------------------------------|--------------------------|-------------|-----------------|
| X Remove                      | $\underline{\mathbf{Y}}$ | Mike Jones  |                 |
| X Add                         | <u>sv</u>                | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u>             | <u>Name</u> | <u>Addres</u> s |
| 1) N/A Change                 |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |
| 2) Change                     |                          |             |                 |
| Add                           |                          |             |                 |
| 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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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                      | ζ-               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | N.               |
| N/A   | -                |
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|   | 12/12/2023  |   |
|---|---|---|
| The date of each amendment(s) add   | ption:  | , if other than the                                 |
| date this document was signed.  |   |   |
| 12/12/<br>Effective date <u>if applicable</u> :                             | 2023  |   |
| reflective date il applicable.  | (no more than 90 days after amenda  | ment file date)                                     |
| Note: If the date inserted in this blo document's effective date on the Dep |   | g requirements, this date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |   |
| ■ The amendment(s) was/were adop<br>action was not required.                | ted by the incorporators, or board of directors w   | vithout shareholder action and shareholder          |
| ■ The amendment(s) was/were adop<br>by the shareholders was/were suff       | ted by the shareholders. The number of votes clicient for approval.                               | ast for the amendment(s)                            |
|   | oved by the shareholders through voting groups<br>uch voting group entitled to vote separately on |   |
| "The number of votes cast fo  | r the amendment(s) was/were sufficient for app  | proval  |
| bv  | <u></u>   |   |
|   | (voting group)  |   |
|   |   |   |
| 10/10   | 100   |   |
| Dated 12 18   | <u> </u>  | ,   |
| /   | 1   | د.<br>- سم  |
| Signature   | <del>1</del>  | <del></del>   |
|   | tor, president or other officer – if directors or   |   |
|   | by an incorporator – if in the hands of a receive   | er, trustee, or other court                         |
| appointe  | I fiduciary by that fiduciary)  |   |
| J.  | ohn Holcomb   |   |
| _   | (Typed or printed name of person sign   | ning)   |
| Р   | resident  |   |

(Title of person signing)