## P1UDDDD22391

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## COVER LETTER ...

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AA STAFFING FI	RM, INC.	
DOCUMENT NUM	BER: P16000022391		
	s of Amendment and fee are su		
Please return all corr	espondence concerning this ma	tter to the following:	
	EVELYN LOONEY		
		Name of Contact Person	1
	AA STAFFING FIRM, INC		
		Firm/ Company	
	951 SANSBURYS WAY - S	TE. 204	
		Address	<del></del>
	WEST PALM BEACH, FL 3	3411	
		City/ State and Zip Cod	<u> </u>
	F-mail address: (to be us	sed for future annual report	notification)
			,
For further informati	on concerning this matter, pleas	se call:	
ANDREW LUCHE		at (	386-0222
Name	of Contact Person	Area Co	de & 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di <sup>c</sup> P.C	niling Address nendment Section vision of Corporations D. Box 6327 dahassee, FL 32314	Amend Divisio The C 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AA STAFFING FIRM, INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000022391	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," 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
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SSE 21 F
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida)	treet address)
N/A	
New Registered Office Address:	
	(Cdy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	nt: with and accept the obligations of the position.
Signature of New .	Registered Agent, if changing

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)

N/A

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 Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	MEGAN LUCHEY	951 SANSBURYS WAY
X			SUITE 204
Remove			WEST PALM BEACH, FL 33411
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			4
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or addi</u> (Attach <i>additional she</i>	ng additi ets, if ne	ional Articles, enter change(s) here: cessary). (Be specific)	

	<del></del>
	<del></del>
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)	
	<del></del>
Page 3 of 4	
The date of each amendment(s) adoption: N/A date this document was signed.	, if other than th
12/24/10	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 12/24/19 Signature	whyteas	
(By a dire selected,	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Evelyn Lûchey (Typelt or printed name of person signing)	
(T	PWSidut itle of person signing)	