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04/27/18--01014--013 **35.00



Amend

APR 28 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: QUALITY STAFF	ING INC	
DOCUMENT NUMB		<u> </u>	- Annual Control
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
,	YASUAL VARGAS		
•		Name of Contact Persor	
(QUALITY STAFFING INC		
-	· · · · · ·	Firm/ Company	
	1456 DORADO DR APT A		
-		Address	
]	KISSIMMEE, FL 34741		
-		City/ State and Zip Code	
YVAF	GAS39@HOTMAIL.COM		
		sed for future annual report	notification)
For further information YASUAL VARGAS	concerning this matter, pleas	se call:	443-9853
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
	the following amount made		•
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

QUALITY STAFFING INC

(Name of Corporation as currently	y filed with the Florida Dept. of State)
P16000026514	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Lip Cont)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	t with and accept the obligations of the position.
	legistered 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)

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> <u>Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	elly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	MARIELY DEL VILLAR	1456 DORADO DR APT A
Add			KISSIMMEE, FL 34741
X Remove			
2) X Change	P	YASUAL VARGAS	1456 DORADO DR APT A
Add			KISSIMMEE, FL 34741
Remove			
3) X Change	VP	CARMEN VARGAS	1456 DORADO DR APT A
Add			KISSIMMEE, FL 34741
Remove			
4) Change			
Add			Makely 5 - , bridger
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

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)	amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
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provisions for implementing the amendment if not contained in the amendment itself:			
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	(if not applicable, indicate N/A)		
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
. , (04/21/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
04/21/20 Dated Signature	Yazza Varlaz	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	 -
	YASUAL VARGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·