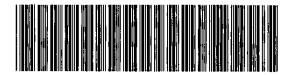
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: QUALITY STAFF	ING INC	
DOCUMENT NUMBER: _			
The enclosed Articles of Ame	endment and fee are su	omitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
YASU	JAL VARGAS		
		Name of Contact Person	
		Firm/ Company	
1456 1	DORADO DR APT A		
KISSI	MMEE FL 34741	Address	
		City/ State and Zip Code	
YVARGAS	39@HOTMAIL.COM		
E	-mail address: (to be us	ed for future annual report	notification)
For further information conc	erning this matter, pleas	e call:	
YASUAL VARGAS		at ( <sup>321</sup>	443-9853
Name of Con	tact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	<b>1</b> \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	•	01	
QUALITY STAFFING INC			
(Name o	of Corporation as curren	ntly filed with the Florida Dept. of St	ate)
P16000026514			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
AY QUALITY SOLUTIONS INC			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or tion," or the abbreviation	· "Co". A professional corporation n	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		KISSIMMEE FL 34741	- 30
		KISSIMINIEE PL 34/41	
			Tis :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1456 DORADO DR APT A	· · · · · · · · · · · · · · · · · · ·
		KISSIMMEE FL 34741	
			<u> </u>
D. If amending the registered agent an new registered agent and/or the new			<u>he</u>
Name of New Registered Agent	YASUAL VARGAS		
Name of New Registered Agent	1456 DORADO DR AP	T A	<u></u>
		street address)	
N D : 100 All	KISSIMMEE, Florid		34741
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obligations of the	
Yasu	al Vargas	v Registered Agent, if changing	
	Signature of Nev	v kegistered 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>	John Doe	2	
X Remove	<u>v</u>	Mike Jon	es	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Add				

	(Be specific)	
	•	
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	leader of issued shows	
If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

	09/27/2016	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	Nac. C	
U9/27 Effective date <u>if applicable</u> :	7/2016	
Effective date trappicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendr ficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following steach voting group entitled to vote separately on the amendment(s)	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and share pted by the incorporators without shareholder action and sharehold	
action was not required.	pted by the incorporators without shareholder action and sharehold	
09/27/2016 Dated		
Signature \( \sqrt{\alpha}	sual Vargas	_
(By a di selected	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
	YASUAL VARGAS	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	