## P170000 4/380

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†		COVER LETTER	
ΓO: Amendment Section Division of Corpora		, 	
NAME OF CORPORA	TION: <u>A1 STA</u>	IFFING INC	
DOCUMENT NUMBE	R: <u>P170000</u>	11380	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ndence concerning this mat	iter to the following:	
	William C.	1	
_	A1 STAFFING	Firm/ Company	
	17982 North	,	
	Jucksonvil	le FL 3222 City/ State and Zip Code	6
be	E-mail address: (to be us	Anuil.lom ed for future annual report	notification)
For further information c	oncerning this matter, pleas	e call:	
William Name of	C. Thomas Contact Person	at ( <u>904</u> Area Coo	) 518-9916 de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	ertment of State:
A \$35 Filing Fee	□S43.75 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)
	g Address ment Section		Address ment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

## to

## Articles of Incorporation

of

A1 STAFFING INC	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P17000041380	af JUL 27 P ¥ 30
(Document Number o	f Corporation (if known) SECRETARY OF STATE:
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profat Corporation adopting 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 "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" 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)	_N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida str	rect address)
New Registered Office Address: N/A	, Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to the second secon	
Signature of New I	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)

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: XChange	PT John	<u>n Doe</u>				
X Remove	<u>V</u> <u>Mik</u>	Mike Jones				
X Add	<u>SV</u> <u>Sall</u>	y Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) X Change	<u> </u>	KATHLEEN J THOMAS	17982 North Main Street			
Add			JACKSONVILLE, FL 32226			
2) X Change Add	VIT	WILLIAM C THOMAS	17982 NORTH MAIN STARCT			
Remove 3 )ChangeAdd		<del></del>	32226			
Remove 4) Change Add	<del></del>					
Remove 5) Change Add		<del></del>				
Remove 6) Change Add						
Remove						

<u>II amendin</u> (Attach <i>add</i>	i <mark>g or adding additions</mark> litional sheets, if necess	ary). (Be specifi	nange(s) here: c)			
N/A						
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. If an amen	dment provides for a	n exchange reclas	sification or can	rellation of issued	charec	
provision	s for implementing th	e amendment if no				
	t applicable, indicate N					
NIA	· · <u>- · · · · · · · · · · · · · · · · ·</u>			<del></del>		
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The date of each amendment(s) adoption: N/H	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : N/A	
Effective date if applicable: N/H  (no more than 90 days after amendment file date)	· · ·
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated JULY 24, 2017	
Signature (1) (1) (2) (By a director, 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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	HOMAS
Pies, dent	
(Title of person signing)	