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S. TALLENT FEB 1 3 2018 18 FEB 12 PH 2: 45

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: RAISC	H PROFE.	SSIONAL SERVICES INC
DOCUMENT NUMB	er: <u>P180</u> 0	00008563	
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
-	STEUEN RA	Name of Contact Perso	
		Name of Contact Perso	n
<del>-</del>		Firm/ Company	······································
-	6464 11011	Address	3772 e
_	SEMINOLE	, FL 3	3772
_		City/ State and Zip Cod	e
<del></del>	rethaifer E-mail address: (to be us	if 2002(a) ya ed for future annual report	hoo.com v notification)
For further information	concerning this matter, pleas	e call:	
STEUEN	RAISCH	at (727	
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

RAISCH PROFESSIONAL	GERVICES	INC
(Name of Corporation as currently	filed with the Florida I	Dept. of State)
	63	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporatio	on adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
PROFESSIONAL JOB SOL	LUTIONS I	NC V The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional cor	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	A 2 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	TAFY OF STATE
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:		name of the
Name of New Registered Agent ///A		
(Florida stree	et address)	
New Registered Office Address:	City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w.	,	tions of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<del></del>	<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary)	. (Be specific)				
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			ation, or cancellat	ion of issued sha	res,	
an amendment p	provides for an exc	<u>change, reclassific</u>	tition, or contentue			
<u>rovisions for imp</u>	<u>plementing the am</u>	change, reclassific endment if not co	ntained in the ame	endment itself:		
<u>rovisions for imp</u>	provides for an exc plementing the am able, indicate N/A)	endment if not co	ntained in the ame	endment itself:		
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<u>rovisions for imp</u>	<u>plementing the am</u>	endment if not co	ntained in the amo	endment itself:		

date this document was signed.	an the
Effective date if applicable: 2/1/18	
(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 will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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.	
Dated01-31-18	
Signature Raint	
(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)	
Steven Roisch (Typed or printed name of person signing)	
President (Title of person signing)	