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SECRUTARY OF STATE
AND ANSEE, FLORIDA

APR 1 6 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	RATION: CLEARVIEW RE	AL ESTATE GROUP, INC	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMI			
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	JASON CHOY		
		Name of Contact Perso	n
	CLEARVIEW REAL ESTA	TE GROUP, INC	
		Firm/ Company	
	7380 SAND LAKE RD	Time Company	
		Address	
	ORLANDO FL 32819		
		City/ State and Zip Cod	e
TRIN	NI04@AOL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JASON CHOY		at (⁴⁰⁴	7698222
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address			Address
	ndment Section sion of Corporations		lment Section on of Corporations
P.O.	Box 6327		Building
Talla	hassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept.	. of State)	
P18000060314		·	
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	nis Florida Profit Corporation ad	opts the following amendmer	
A. If amending name, enter the new name of the corporation: PREMIER STAFFING SOLUTIONS, CO		71	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	" "Co". A professional corporal		
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	7380 SAND LAKE RD		
	ORLANDO, FL 32819		
		19 SE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7380 SAND LAKE RD	APR 10	
	ORLANDO, FL 32819	me and a m	
		26 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		e of the	
Name of New Registered Agent			
(Florida	street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Florida	
	(City)	(Zip Code)	

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)

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> 174</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			AP TO AP
Add			
Remove			
2) Change			8: 30 STATE LORIDA
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
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			<u> </u>		
				TALE SE	<u> 19</u>
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			-		
an amendment provides for an exch	ange, reclassifica	tion, or cancella	ation of issued sha	ires,	
provisions for implementing the ame (if not applicable, indicate N/A)	nament II not con	tained in the ar	nendment itselt:		
				· · · · · ·	
					
				-	-

an I. 6 I I	. 04/08/2019	10 and an about about
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	-
☐ The amendment(s) was/were adopted action was not required.	the woting group entitled to vote separately on the amendment(s): the amendment(s) was/were sufficient for approval (voting group) (by the board of directors without shareholder action and shareholder shareholder action and shareholder shareholder shareholder action and shareholder sharehol	F APR
■ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder	FILED PR 10 AM 8
04/08/2019	29 80	_ф О
Signature	Olaf Star	3 0
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
appointed t	iduciary by that fiduciary)	
JAS	SON CHOY	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	