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| (Requestor                              | s Name)               |  |  |  |  |
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| (City/State/                            | Zip/Phone #)          |  |  |  |  |
| PICK-UP                                 | WAIT MAIL             |  |  |  |  |
| (Business 8                             | Entity Name)          |  |  |  |  |
| (Document                               | (Document Number)     |  |  |  |  |
| Certified Copies C                      | ertificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                       |  |  |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR           | RATION: TEL Professional  | Solutions, Inc   |   |  |
|--------------------------|---|--|---|--|
| DOCUMENT NUME            |   |  |   |  |
| The enclosed Articles    | of Amendment and fee are su   | bmitted for filing.  |   |  |
| Please return all corres | spondence concerning this ma  | tter to the following:   |   |  |
|                          | Katy Rodgers  |  |   |  |
|                          |   | Name of Contact Person   |   |  |
|                          | TEL Staffing & HR   |  |   |  |
|                          |   | Firm/ Company  | <del></del>   |  |
|                          | 98 Weed St.   |  |   |  |
|                          |   | Address  |   |  |
|                          | Pensacola FL 32514  |  |   |  |
|                          |   | City/ State and Zip Code   |   |  |
| For further informatio   | E-mail address: (to be us   | sed for future annual report : se call:                          | 476.9008 Ext. 103   |  |
| Katy Rodgers             |   | at (   | 476.9008 Ext. 103   |  |
| Name o                   | of Contact Person   | Area Code & Daytime Telephone Number                             |   |  |
| Enclosed is a check fo   | r the following amount made   | payable to the Florida Depa                                      | rtment of State:  |  |
| S35 Filing Fee           | ☐\$43.75 Filing Fee & Certificate of Status                         | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | © \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Ame<br>Divi              | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327 | Amendi<br>Division   | Address ment Section of Corporations entre of Tallahassee                               |  |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## Articles of Amendment to Articles of Incorporation of

| TEL Professional Solutions, Inc.  |   |                                       |                         |             |            |
|---|---|---------------------------------------|-------------------------|-------------|------------|
| (Name   | of Corporation as current                               | y filed with the Florida              | Dept. of State)         |             |            |
|   | (Document Number o                                      | f Corporation (if known               | )                       |             | _          |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | .1006, Florida Statutes, this                           | Florida Profit Corporat               | tion adopts the follow  | ing amendn  | nent(s) to |
| A. If amending name, enter the new n  | ame of the corporation:                                 |                                       |                         |             |            |
| TEL Capital, Inc.   |   |                                       |                         | The ne      | 214:       |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association," | Corp." "Inc," or "Co". A                                | 1 professional corporal               |                         | tion "Corp. |            |
| B. Enter new principal office address,  | if applicable:  | N/A                                   |                         |             |            |
| (Principal office address <u>MUST BE A S</u>  | TREET ADDRESS )   |                                       |                         |             |            |
|   |   |                                       |                         |             |            |
|   |   |                                       |                         |             |            |
| C. Enter new mailing address, if appl   |   | N/A                                   |                         |             |            |
| (Mailing address MAY BE A POST  | <u>OFFICE BOλ</u> )                                     |                                       |                         | 1622        |            |
|   |   |                                       |                         | - 10        |            |
| ·   |   |                                       |                         | <u>;</u>    | . ,        |
| D. If amending the registered agent ar  | nd/or registered office add                             | ress in Florida, enter tl             | ne name of the          | (2)         |            |
| new registered agent and/or the new   |   |                                       |                         | •           | •          |
| Name of New Registered Agent  | N/A   |                                       |                         | .; <u>.</u> | ·• '       |
|   |   |                                       |                         | C)          |            |
|   | (Florida str  | eet address)                          |                         | _           |            |
| New Registered Office Address:  | N/A   |                                       | . Florida               |             |            |
|   |   | (City)                                |                         | Code)       | ,          |
|   |   |                                       |                         |             |            |
| N. B. L. J.   |   |                                       |                         |             |            |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist                                   | hanging Registered Agent<br>ered agent. I am familiar i | <u>:</u><br>with and accept the oblig | gations of the position |             |            |
| •   | <u> </u>  |                                       |                         |             |            |
|   |   |                                       |                         |             |            |
| <del></del>   | Signature of New R                                      | egistered Agent, if chan              | aino                    | _           |            |
|   | Las can very content                                    | er e eee a mili                       | 5***5<br>*** =          |             | e          |

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do   | <u>oe</u>    |                 |
|-------------------------------|-----------|-----------|--------------|-----------------|
| X Remove                      | <u>V</u>  | Mike Jo   | ones         |                 |
| X Add                         | <u>sv</u> | Sally \$r | n <u>ith</u> |                 |
| Type of Action<br>(Check One) | Title     |           | Name         | <u>Addres</u> s |
| l) Change                     |           | _         |              |                 |
| Add                           |           |           |              |                 |
| Remove                        |           |           |              |                 |
| 2) Change                     |           |           |              |                 |
| Add                           |           |           |              |                 |
| Remove 3) Change              | <u> </u>  | <u> </u>  |              |                 |
| Add                           |           |           |              |                 |
| Remove                        |           |           |              |                 |
| 4) Change                     |           |           |              |                 |
| Add                           |           |           |              |                 |
| Remove                        |           |           |              |                 |
| 5) Change                     |           |           |              |                 |
| Add                           |           |           |              |                 |
| Remove                        |           |           |              |                 |
| 6) Change                     |           |           |              |                 |
| Add                           |           | _         |              |                 |
| Remove                        |           |           |              | · · ·           |

|                        | or adding additiona<br>ional sheets, if necesso | ary). (Be specific | C)                 |                                       |             |             |
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| If an amendn           | nent provides for an                            | exchange, reclass  | sification, or can | ellation of issued                    | shares,     |             |
| provisions for         | or implementing the oplicable, indicate N/.     | amendment if no    | t contained in th  | e amendment itse                      | <u>lf:</u>  |             |
| ( <i>) noi ap</i><br>A | утсите, тисите гол                              | n)                 |                    |                                       |             |             |
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| •  | N/A   |   |
|--|---|---|
| The date of each amendment(                            | s) adoption:  | , if other than the   |
| date this document was signed.                         | N/A   |   |
| Effective date if applicable:                          |   |   |
|  | (no more than 90  | days after amendment file date)   |
|  | nis block does not meet the applicate Department of State's records.        | ble statutory filing requirements, this date will not be listed as the                  |
| Adoption of Amendment(s)                               | (CHECK ONE)   |   |
| The amendment(s) was/were action was not required.     | e adopted by the incorporators, or bo                                       | ard of directors without shareholder action and shareholder                             |
| ☐ The amendment(s) was/were by the shareholders was/we |   | number of votes cast for the amendment(s)   |
|  | e approved by the shareholders through for each voting group entitled to vo | igh voting groups. The following statement stee separately on the amendment(s):         |
| "The number of votes                                   | cast for the amendment(s) was/were  | sufficient for approval   |
| by   |   |   |
|  | (voting group)  |   |
| Dated08/   | 16/2022   |   |
| Signature  | Wayne Brown   |   |
| (By<br>sel   | a director, president or other office                                       | r – if directors or officers have not been hands of a receiver, trustee, or other court |
|  | Alfred Wayne Brown  |   |
|  | (Typed or printed na  | me of person signing)   |
|  | President   |   |
|  | (Title of person sign   | ing)  |