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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Leopold (Name	stadt, Inc. of Corporation)
DOCUMENT NUMBER: PIS	890
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	this matter to the following:
Chris Beink, VP CA	- 0
Favorite Healtheare (Firm/Company) 7255W.98th Terrace, Br (Address)	Staffing, Inc.
7255 W. 98th Terrace, Br (Address)	ldg. 5, Ste. 150
Overland Park KS (City/State and Zip Code)	6212
For further information concerning this mat	ter, please call:
Chris Brink (Name of Contact Person)	at (9/3) 383-9733 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$35.00 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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
•	Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.) SECTION I (1-3 MUST BE COMPLETED) Document number of corporation (if known) ame of corporation as it appears on the records of the Department of State) (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?_ (Name of corporation after the amendment, adding suffix "corporation," "corporation, if not contained in new name of the corporation) "company," or "incorporated," or (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 6. If the amendment changes the period of duration, indicate new period of duration. 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction) (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

> Aristoner Brink CFO/L (Typed or printed name of person signing)

RON THORNBURGH

Secretary of State



Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564

STATE OF KANSAS

January 24, 2006

VAL LAKE - SONNENSCHEIN NATH & ROSENTHAL RE: FAVORITE HEALTHCARE STAFFING, INC. 4520 MAIN ST. STE 1100 KANSAS CITY, MO 64111

RE: FAVORITE HEALTHCARE STAFFING, INC.

ID #: 87-399-2

To The Corporation

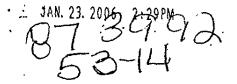
A certified copy of the amendment that was recently filed in the Corporations Division of our office is enclosed.

Every corporation in Kansas is assigned an identification number. Use of this number in any correspondence with our office will give us immediate access to your file and enable us to offer you faster, more efficient service. Your corporation's identification number is at the top of this letter.

bkc

Business Services: (785) 296-4564 FAX: (785) 296-4570 Web site: www.kssos.org e-mail: kssos@kssos.org

Elections: (785) 296-4561 FAX: (785) 291-3051



CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION OF LEOPOLDSTADT, INC.

The undersigned, Leopoldstadt, Inc. (the "Corporation"), a Kansas corporation, for the purpose of amending the Articles of Incorporation of the Corporation, in accordance with Section 17-6602 of the Kansas Corporation Code, does hereby make and execute this Certificate of Amendment to Articles of Incorporation and does hereby certify:

1. That the Articles of Incorporation of the Corporation be amended by deleting all of the present Article First and inserting in lieu thereof the following Article First:

First: The name of the corporation is "Favorite Healthcare Staffing, Inc."

2. That such amendment has been duly adopted in accordance with Section 17-6602 of the Kansas Corporation Code.

IN WITNESS WHEREOF, I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and accordingly have signed this Certificate of Amendment on behalf of the Corporation as of this ///2 day of January, 2006.

Name: Gerhard J. Kuti

Title: President

i hereby certify this to be a true and correct copy of the original op the Certified on this date.

Ron Thornburgh, Secretary of State

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STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

FAVORITE HEALTHCARE STAFFING, INC. KANSAS FOR PROFIT CORPORATION Business Entity ID Number: 0873992

was filed in this office on June 22, 1984 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 02/16/2006

For Validation:

Certificate ID: 42998

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html

Signed:

RON THORNBURGH SECRETARY OF STATE

accessKansas: The Official Web Size for the State of Kansas



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< KSOS Home < Kansas Web site **Certificate Valid**

A Certificate of Good Standing was issued by the Kansas Secretary of State bearing Certificate ID **42998** on **February 16**, **2006**. This Certificate pertains to the business entity **FAVORITE HEALTHCARE STAFFING**, **INC.**, which is a(n) **KANSAS FOR PROFIT CORPORATION**. This business has an incorporation date of **June 22**, **1984** and is identified by business entity File # **0873992**. The information for this certificate was based on **February 16**, **2006**.

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