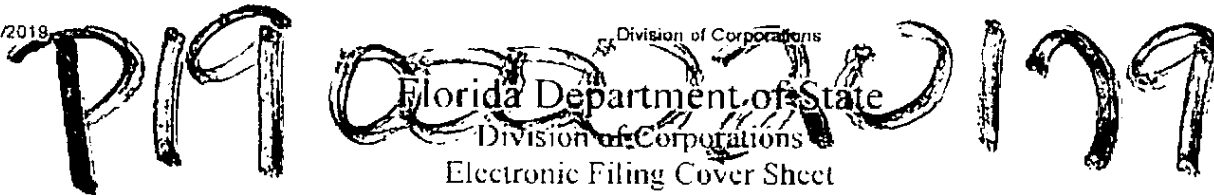


4/24/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001341193)))



H190001341193ABC\$

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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19 APR 24 AM 8:33
TALLAHASSEE, FLORIDA

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2019 APR 24 AM 10:24

SECRET
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NURSING RESOURCE STAFFING SOLUTIONS INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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APR 25 2019

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NURSING RESOURCE STAFFING SOLUTIONS INC.

DOCUMENT NUMBER: P19000020179

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Contact Person

LegalZoom.com, Inc.

Firm/ Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/ State and Zip Code

amariedany@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

at (

800

) 773-0888 ext. 9724

Name of Contact Person

Area Code & Daytime Telephone Number

For the following amount made payable to the Florida Department of State:

To: _____
cc: _____

☐ \$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

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

Articles of Amendment
to
Articles of Incorporation
of

NURSING RESOURCE STAFFING SOLUTIONS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000020179

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1021 Ives Dairy Rd Bldg 3, Suite 115

Miami, FL 33179

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1021 Ives Dairy Rd Bldg 3, Suite 115

Miami, FL 33179

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☐ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-----------|-----------------------------------|---|
| 1) <input checked="" type="checkbox"/> Change | <u>SD</u> | <u>MARIE-DANY CHANTAL AUGUSTE</u> | <u>1021 Ives Dairy Rd Bldg 3, Suite 115</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>PT</u> | <u>Prosper Antoine Jr.</u> | <u>1021 Ives Dairy Rd Bldg 3, Suite 115</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Miami, FL 33179</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>T</u> | <u>Gina Auguste</u> | <u>211 NW 99th Street</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33150</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>S</u> | <u>Marie T. Antoine</u> | <u>211 NW 99th Street</u> |
| <input type="checkbox"/> Add | | | <u>Miami, FL 33150</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 4/1/2019, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 4/1/2019

Signature Marie-Dany Chantal Auguste

(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)

MARIE-DANY CHANTAL AUGUSTE

(Typed or printed name of person signing)

Director

(Title of person signing)