P20 00000 1831

(Requ	estor's Name)	
(Addre	ss)	
(Addre	ess)	
(City/S	itate/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Busin	ess Entity Name)	
(Document)	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



800345638848

06/08/20--01009--001 **35.00

S TALLENT JUN 2 9 27 1

2020 JUN -8 PM 5: 43

hmy

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NewEra BER: 420A00000	Healthcare S 0691	Staffing Inc
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	James R. Tet		
	NewEra Heal		
	3760 Fiano D	Firm/ Company	
	Port Orange,		
	richt@newera		
For further information Fames R.	on concerning this matter, pleas		notification)
	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	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)
Ām Div P.C	iling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation

of

NewEra Healthcare Staffing Inc.

NewEra Healthcare Staffing Inc	
420A0000691	v filed with the Florida Dept. of State)
	Corporation (if known)
	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c". "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1320
	Port Orange, FL 32128
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5889 S. Williamson Blvd & Suite 1320 Port Orange, FL 32128 ₺
D. If amending the registered agent and/or registered office address Name of New Registered Agent	ess in Florida, enter the name of the
	amson Blvd, Suite 1320
(f-lorida str	
New Registered Office Address: Port Orange	, Florida 32128
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	egistered Agent, if changing
Check if applicable ☐ 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>14</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	\underline{sv}	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		.		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Remove				
5) Change		_		
Remove				
6) Change		_		
Add				
Remove				

amending or adding a tach <i>additional sheets</i> ,	if necessary). (Be st	pecific)	_		
=====	****				
······································					
					
		· · · · · · · · · · · · · · · · · · ·			
					
n amendment provid	les for an exchange, r	<u>eclassification, or</u>	cancellation of is	sued shares,	
ovisions for impleme if not applicable, in	nting the amendmen	t if not contained	in the amendment	<u>itself:</u>	
	wiedle .wii)				
N/A					
W					
				<u> </u>	

The date of each amendment(s) adoption: June 2, 2020	_, if other than the
date this document was signed. June 22 2020	_, if other than the
Effective date if applicable: (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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	shareholder
☐ 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)	
Signature (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) James R. Tetley II	_
(Typed or printed name of person signing)	
Owner / Chairman / Preside	ent

(Title of person signing)