## P20000009317

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Dedicated Staffing	Services, Inc.				
	1BER: P20000009317					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	David de Moraes					
		Name of Contact Person	n			
	Dedicated Staffing Services, Inc.					
	Firm/ Company					
	400 NW 69th St.					
	<del></del>	Address	<del></del>			
	Boca Raton, FL. 33487					
		City/ State and Zip Cod	e			
	david@dedicatedstaffingserv	icas com				
	-	sed for future annual report	notification			
For further informati David de Moraes	ion concerning this matter, plea	se call:	922-5086			
Name	e of Contact Person	Area Co	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	nendment Section		Iment Section			
	vision of Corporations  O. Box 6327		on of Corporations entre of Tallahassee			
	dlahassee, FL 32314		N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Dedicated Staffing Services, Inc.

Dedicated Staffing Services, Inc.		
P2000009317	ently filed with the Florida Dept. of Sta	<u>te</u> )
· · · · · · · · · · · · · · · · · · ·	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation name mi	bbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
C. Enter new mailing address, if applicable:		2020
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
D. If amending the registered agent and/or registered office:	address in Florida, enter the name of th	8,10:18
new registered agent and/or the new registered office add		φ. 
Name of New Registered Agent		
(Florid	la street address)	
New Registered Office Address:	. Florid	g
No registro egge rancia.	(City)	(Zip Code)
N. B		
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	gent: liar with and accept the obligations of the	position.
Signature of Ne	w Registered Agent, if changing	
· ·	regarded agent, y 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	COO	_	Charles Leaver	3296 County Rd. 600
Add				Farmersville, TX. 75442
X Remove				<del></del>
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

maen aaam	onal sheets, if necessary).	(Be specific)			
		<del></del> ·			
			<u></u>	<u> </u>	
		·			
					<del></del>
		<u>.</u>			
					<del></del>
	<del> </del>				
fan amend	nent provides for an exch	ange, reclassifics	ition, or cancellati	on of issued shares	L.
provisions	or implementing the ame	ndment if not cor	ntained in the ame	ndment itself:	4
(if not a	pplicable, indicate N/A)			<del></del>	
					<del></del>
					-

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	4/9/2020		
The date of each amendment(s) add	ption:		, if other than the
date this document was signed. 4/9/20	20		
Effective date if applicable:			
	(no more than 90 da	ys after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep		e statutory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or boar	d of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff		mber of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for e		n voting groups. The following statement separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were su	ifficient for approval	
bv			
,	(voting group)		
4/9/2020 Dated		_	
(By a dire selected,	ector, resident or other officer – by an incorporator – if in the had d fifuciary by that fiduciary)	if directors or officers have not been nds of a receiver, trustee, or other court	<del></del>
Ľ	avid de Moraes		
_	(Typed or printed nam	e of person signing)	
C	FO		
_	(Title of person signing	<u>g</u> )	