P2000048961

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer





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C. GOLDEN SEP 2 4 2020

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 9/22/2020	PRIORITY Routine	OUR REF_#_(Order_ID#) 854146
ORDER ENTITY		
PLEASE PERFORM THE FOLLO	WING SERVICES:	
NATIONAL MANPOWER INC		
File the attached amendment		
NOTES:		
\$35.00 Authorized		

RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, September 22, 2020 Page 1 of 1

Articles of Amendment to Articles of Incorporation of

NATIONAL MANPOWER INC.

2 77 22 77 24

TATIONAL MANI OWER INC		
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)
P20000048961		
(Document N	lumber of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
EAGLE WORKFORCE MANAGEMENT INC		The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or ' "chartered," "professional association," or the abbreviation	"Co". A professional cor	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered of	Tre address in Florida en	iter the name of the
new registered agent and/or the new registered office		ice in mains of the
Name of New Registered Agent		
$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	lorida street address)	
N. D. S. LOW. ALL	·	
New Registered Office Address;	(City)	, Florida
	·	·
New Registered Agent's Signature, if changing Registere		11
I hereby accept the appointment as registered agent. I am f	атинаг wин ана ассерт те	onugations of the position.
Signature o	of New Registered Agent, if	changing
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.01	120 (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)

Example:

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	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	-	_		
Add				
Remove 3) Change		_		
Add				***************************************
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
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an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
an amendment provides for an exch rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators, or board of directors w	ithout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes ca ficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. ach voting group entitled to vote separately on the	The following statement he amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for appr	oval
by		." "
: Signature	(voting group) 1-2020	T T
selected,	ector, president or other officer - if directors of o by an incorporator - if in the hands of a receiver if fiduciary by that fiduciary)	Ricer have not been , trustee, or other court
R	EUVEN SAGI	
_	(Typed or printed name of person signi	ng)
P	RESIDENT	
_	(Title of person signing)	