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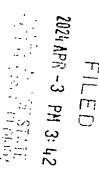
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MDSTAFF CONN	VECT.INC				
DOCUMENT NUMB	ER:					
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
	YOHEL CHAVEZ LA ROS.	Α				
_		Name of Contact Perso	n			
i	MDSTAFF CONNECT.INC					
_		Firm/ Company				
(5453 BENTRIDGE DRIVE					
-		Address				
;	LAKELAND, FLORIDA, 33018					
-		City/ State and Zip Cod	e			
1	ndstaffconnect@gmail.com					
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
YOHEL CHAVEZ LA ROSA		at (941	de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amer Divis P.O. I	ng Address idment Section ion of Corporations Box 6327 iassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303			

Articles of Amendment to Articles of Incorporation of

FILED 2024 APR - 3 PM 3: 42

MDSTAFF CONNECT.INC

MD31A11 CONNECT.INC		0.42
(Name of Corporat	ion as currently filed with the Flor	ida Dept. of.State) - STATE
P24000014729		TO SEE STORY
(Docu	ment Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corpo	pration adopts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:	
MDSTAFF CONNECT, INC		The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professional corpe	porated" or the abbreviation "Corp.,"
1. The same of the standard of	N/A	
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
		
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
		. <u> </u>
 If amending the registered agent and/or registered new registered agent and/or the new registered 		r the name of the
	office audress:	
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:		, Florida ^{N/A}
New Registered Office Flattiess.	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations of the position.
Sian	ature of New Registered Agent, if ch	amvino
.ngn	лите од жен педынетен адет, у сп	
heck 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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; F= 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>	
\underline{X} Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nițh</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				

E. If amending or adding as (Attach additional sheets,	dditional Articles, enter chi if necessary). (Be specific)	ange(s) here:		
	у несеямагу).— (не крестус)	,		
N/A				
				
		_		
				
	<u></u>			
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If an amendment provide	<u>es for an exchange, reclassi</u>	fication, or cancellati	on of issued shares,	
<u>provisions for implemen</u> (if not applicable, inc	ting the amendment if not	contained in the ame	endment itself:	
	actae (1721)			
A				
				_
				
		•		
				

	02/26/2024	
The date of each amendment(s) adoption: _date this document was signed.	, i	f 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 document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
bv		
(v	oting group)	
03/11/2024 Dated		
selected, by an in	esident of other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
YOHEL	CHAVEZ LA ROSA	
	(Typed or printed name of person signing)	
PRESIDI	ENT	
	(Title of person signing)	