Electronic Version v1.1 Stylesheet Version v1.1

 SUBMISSION TYPE:
 NEW ASSIGNMENT

 NATURE OF CONVEYANCE:
 CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Express Health Care Staffing, Inc.		06/16/2004	CORPORATION:

RECEIVING PARTY DATA

Name:	Trustaff, Inc.
Street Address:	7767 Montgomery Road, Suite 200
City:	Cincinnati
State/Country:	ОНЮ
Postal Code:	45236
Entity Type:	CORPORATION:

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	78374812	TRUSTAFF

CORRESPONDENCE DATA

Fax Number: (614)228-6704

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: (614) 228-6280

Email: mgallagher@invention-protection.com

Correspondent Name: Michael J. Gallagher, Esq.

Address Line 1: Gallagher & Dawsey Co., LPA

Address Line 2: 533 S. Fifth Street

Address Line 4: Columbus, OHIO 43206

NAME OF SUBMITTER:	Michael J. Gallagher
Signature:	//michael j. gallagher//
Date:	05/20/2005

Total Attachments: 3

TRADEMARK REEL: 003088 FRAME: 0917

900025055

source=Trustaff Name Change Document#page1.tif source=Trustaff Name Change Document#page2.tif source=Trustaff Name Change Document#page3.tif

> TRADEMARK REEL: 003088 FRAME: 0918



DATE: 06/17/2004 DOCUMENT ID 200416803616

DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD)

FILING

EXPED 00 PENALTY

CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

JAMES K. KELLER 441 VINE ST. CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1304280

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TRUSTAFF, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC/AMENDMENT TO ARTICLES

200416803616



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of June, A.D.

Illuneth Bachmell

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (select one)

Mail Form to one of the Following:

PO Box 1390
Columbus, OH 43216
Requires an additional fee of \$100 ***
PO Box 1028
Columbus, OH 43216

Certificate of Amendment by Shareholders or Members

(Domestic) Filing Fee \$50.00

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32	
	

) Domestic for Profit	PLEASE READ INSTRUCTIONS	(2) Domestic Non-Profit	
Amended	Amendment	` ☐ Amended	☐ Amendment 😋
(122-AMAP)	(125-AMDS)	(126-AMAN)	(128-AMD)

Complete the general informat	ion in this section for the box check	ed above.	
Name of Corporation	EXPRESS HEALTH CARE STAF	FING, INC.	2014
Charter Number	1304280		JUN I
Name of Officer	Brent D. Loring		16 F
Title	President		PH :
Please check if additional pro	visions attached.		21
The above named Ohio corpo	pration, does hereby certify that:		
A meeting of the	✓ shareholders	directors (non-	profit amended articles only)
members was duly called), 2004 hte)	
	ras present in person or by proxy, them to exercise 66-2/3 %		
	of the shareholders direction direction direction shareholders direction	•	• •
Clause applies if amended box	k is checked.		

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

541

Page 1 of 2

Last Revised: May 2002

T: The name of the	corporation is: TRUSTAFF, INC.	
OND: The place in the S	State of Ohio where its principal office is located is in the	e City of:
Cincinnati	Hamilton	
(city, village or townsh		
D: The purposes of t	the corporation are as follows:	
<u> </u>		- 1111 - 1 1111
1		
		
RTH: The number of sh	nares which the corporation is authorized to have outsta (Does not apply to box (2))	anding is:
	(No.
REQUIRED		<u></u>
be authenticated	DAGSIDENT	5-20-04
ed) by an authorized	Authorized Representative	Date
(See Instructions)		
(See menuctions)	Brent D. Loring, President	
(see instructions)	Brent D. Loring, President (Print Name)	
(oee msuuctions)		
(उद्ध गाउप प्रदेशकाड)		
(७४५ मारुप्तप्रदेशकारु)		
(eag menuchons)	(Print Name)	
(७४५ गाइस घटरावेगड)		Date
(ठक्क गाउस स्ट्राफ्ताड)	(Print Name)	Date
(Gee insulictions)	(Print Name) Authorized Representative	Date
(ose insuuctions)	(Print Name) Authorized Representative	Date
(Gae instructions)	(Print Name) Authorized Representative	Date
(Gee insulictions)	(Print Name) Authorized Representative	Date
(Gae instructions)	(Print Name) Authorized Representative	Date
(Gee insulictions)	(Print Name) Authorized Representative	Date
(Gee insuractions)	(Print Name) Authorized Representative	Date
(See misu uctions)	(Print Name) Authorized Representative	Date