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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: PROCISION STAIRS INC.					
DOCUMENT NUMBER: P02000 79/33					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
RANDAIL B COOK	_				
Name of Contact Person					
PROCISION STAIRS INC.					
Firm/ Company	_				
1142 Snead ave					
Address	_				
SARASOTA Florida 3423					
City/ State and Zip Code	-				
•					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Randall B Cool at 941, 366-2151					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$\$ \$\frac{1}{2}\$					
Mailing Address Street Address					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

PROCISIMS TAIRS I	nc.	
(Name of Corporation as currently filed with the Florida Dept. of State)		
P0200008913	3	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
na	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or $Co.$," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	JARASOTG Florida	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	34231 114 a Snead Que Sarasota Florida 34237	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
	Snead aud K Ho treet address) A VIO +4 F A Florida 3437 (City) (Zip Cade)	
New Register ed Agent's Signature, if changing Register ed Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing Company	

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 <math>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		John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		DAN DIXIM	372D Maple Hollowa SARASOTA FROMDA
Add Remove		,	3400.
2) Change Add		Brent Hester	BRADENTON FROUDA
Remove 3) Change			34003
Add		•	
4) Change			
Add Remove			
5) Change		_	
Add			
6) Change		.	
Add			

(A	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
9	see a Hacked - ARTICLE 5 needs new
<i>y</i> 	see a Hackod- ARTICLE 5 needs new officer Brent Hester-V, Remove DAY DIXIM-V.
	Dixm-V.
5)	Chanse article to with new V-Brent
	Change article 6 with new V-Brent Hester - suattached copy
	. 0
- •	the state of the s
	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	

The date of each amendment(s) adoption: TANS, 2018	, if other than the
date this document was signed.	, it obtained then 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 document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated <u>/ 2 /8</u> Signature <u>////////////////////////////////////</u>	
Signature // KM BM	
(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 courappointed fiduciary by that fiduciary)	I .
Randall B Cook	
(Typed or printed name of person signing)	•
(Typed or printed name of person signing) Pissidust	-M. 617
(Title of person signing)	