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## **COVER LETTER**

TO: Amendment Section Division of Corporations Stangray Enterprises Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAY Gilbert
Name of Contact Person Stanspay Enterprises Inc.

10459 Pig Tree Ct.

Address Orlando FL. 32836 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 💹 \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) 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

Stangray Enterprises Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)	=		
(Name of Corporation as currently fried with the Florida Dept. of State)			
(Document Number of Corporation (if known)	-		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendr	nent(s	) to
A. If amending name, enter the new name of the corporation:	西省	15	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a	The: ne	2195	
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must a word "chartered," "professional association," or the abbreviation "P.A."	iontain t	he i	FILE
B. Enter new principal office address, if applicable:		P	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	زر سر در سر	ىي	
	. <u>22</u>	ب	
	32	10	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Maining data ess MAT BE AT OST OFFICE BOX)	•		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the			
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address: , Florida (Zip Code)			
(-1)			
New Registered Agent's Signature, if changing Registered Agent:  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			

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</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>		Name	Address
1) Change		_	<del></del>	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)		
			_
		·	
			<u></u>
7- <del>1</del>			
			_
		·	<del></del>
			<del></del>
	nange, reclassification, or cancellation of issued sl ndment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
***************************************			
RAYMON	UD J. ailbert	90%	90 Shares
•			
/ /	Graig. Mc Caskill	1/) 7	- in chares
Carry	raig. DIC Calkill	10 10	

The date of each amendment(s) adoption	on:	_, if other than the
date this document was signed.	1-11 7010	
Effective date <u>if applicable</u> :	$\frac{\sqrt{qN}}{\sqrt{N}}$	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated3 -	25-15	
Signature	Rseut	_
	or, president or other officer – if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	(Typed or printed name of person signing)	Pres.
	(Typed or printed name of person signing)	
	President	_
·	(Title of person signing)	