P110000 16016

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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____PALM BEACH STAIRS, INC. DOCUMENT NUMBER: P11000016016 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT M WALSH Name of Contact Person PALM BEACH STAIRS, INC. Firm/ Company 1220 53rd Street, Suite B Address WEST PALM BEACH, FL 33407 City/ State and Zip Code info@pbstairsinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 542-3597

Area Code & Daytime Telephone Number ROBERT M WALSH Name of Contact Person 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

TO: Amendment Section

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

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

Articles of Amendment to Articles of Incorporation of

FILED

PALM BEACH STAIRS, INC. (Name of Corporation as currently filed with the Florida Dept P11000016016 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST 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 (City) (Zip Code) 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	TSD	OTERA L WALSH	1220 53rd Street, Suite B
Add X Remove			WEST PALM BEACH, FL 33407
2) X Change	TSD	CARLOS ALVAREZ-HUERTA	1220 53rd Street, Suite B
Add			WEST PALM BEACH, FL 33407
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
5) Change			
Add			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be spec	change(s) here:
N/A	<i>9.)</i>
F. If an amendment provides for an exchange, recl provisions for implementing the amendment if (if not applicable, indicate N/A)	assification, or cancellation of issued shares, not contained in the amendment itself:

	9/1/2018
The date of each amendment(s) a	doption:, if other than the
date this document was signed.	
9/2 Effective date <u>if applicable:</u>	7/18
inective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
9/27/18 Dated	
Signature	Statlele
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	ROBERT M WALSH
	(Typed or printed name of person signing)
	President
	(Title of person signing)