P12000029946

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Y PROS INC.	
DOCUMENT NUMB	ER: P120000299	<u>46 </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	MICHAEL TRAY	/DON	
•	STAIRWAY PRO	Name of Contact Person	1
		Firm/ Company	
	16052 PUSKITA	A TRL	
•		Address	
	JACKSONVILLE	E, FL 32218	
•	·	City/ State and Zip Code	2
ST	AIRPARTSMAN@	GMAIL.COM	
	7	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MICHAEL T	RAYDON	at (386	209-0437
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle
	•	Tallaha	issee, FL 32301

Articles of Amendment to Articles of Incorporation of

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STAIRWAY PROS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETART OF STATE TALLAHASSEE, FLORIDA

lment(s) to

		THIM SOEE, I-LO
(Documen	t Number of Corporation (if known)	
ursuant to the provisions of section 607. S Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Co</i>	prporation adopts the following ame
If amending name, enter the new na	me of the corporation:	
		The
me must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associat	ain the word "corporation," "company," ation "Corp," "Inc," or "Co". A professi tion," or the abbreviation "P.A."	or "incorporated" or the abbrev
Enter new principal office address, i	if applicable:	·
rincipal office address <u>MUST BE A ST</u>	TREET_ADDRESS)	
		······································
	<u></u>	
Enter new mailing address, if appli		
(Mailing address MAY BE A POST C	OFFICE BOX	
If amending the registered agent an	<u>d/or registered office address in Florida, e</u>	nter the name of the
new registered agent and/or the new		mer to mame of the
Name of New Registered Agent	MICHAEL TRAYDON	
	16052 PUSKITA TRL	
	(Florida street address)	
New Registered Office Address:	(Florida street address) JACKSONVILLE	, Florida 32218

Example:

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, Salty 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	PT	John Doe	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	RENEE BUSH	16052 PUSKITA TRAIL
Add			JACKSONVILLE, FL 32218
Ramove			
2) Change	PD	MICHAEL TRAYDON	16052 PUSKITA TRAIL
Add		,	JACKSONVILLE, FL 32218
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Ramove			

If 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)	grices, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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A	provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment date this document was signed.	(s) adoption: JANUARY 1, 2014	, if other than the
Effective date if applicable:	JANUARY 1, 2014	
Effective date it applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer- by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	<u></u>
	opointed fiduciary by that fiduciary)	
•	RENEE BUSH	
	(Typed or printed name of person signing)	
`	PRESIDENT	
	(Title of person signing)	

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SECRELARY OF STATE