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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: STEADROY ENTERPRISES, INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROBERT GIBSON** Name of Contact Person CORNERSTONE FINANCIAL MANAGEMENT SERVICES, INC Firm/ Company 345 MILFORD STREET Address PORT CHARLOTTE, FLORIDA 33953 City/ State and Zip Code cornerstone3661@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROBERT GIBSON** 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: \$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** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STEADROY ENTERPRISES, INC				<u>-</u> 1	
(Name of Corporation	on as currently filed v	vith the Florida Dept. of State)	1	II.	111
P13000003575			The state of the s	=	
(Docum	nent Number of Corpor	ation (if known)	93	67	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida	Profit Corporation adopts the fo	llowing am	endme	nt(s) t
A. If amending name, enter the new name of the co	orporation:				
			The	new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A				
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)				
			 		
		· · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		lorida, enter the name of the			
Name of New Registered Agent					
	(Florida street addre	ess)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Reg	ristered Avent:				
I hereby accept the appointment as registered agent.		accept the obligations of the pos	ition.		
Sign	ature of New Registere	d 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	VS	STEADROY BROWN SR.	2002 BARRISTER AVENUE
X Add			NORTH PORT
Remove			FLORIDA, 34288
2) Change	s	STEADROY BROWN JR	5117 HADER ROAD
Add			NORTH PORT
X Remove			FLORIDA, 34288
3) Change			
Add			
Remove			<u> </u>
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			****
Remove			
6) Change			
, Add	-		
Remove			

	(Be specific)
-	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the shares of the same of
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis and an analys
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an anger if not contained in the amendment itself:

The date of each amendmendate this document was signed		, if other than the
Effective date <u>if applicable</u> :	JULY 10TH, 2015	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JU Dated	LY 7TH, 2015	
Signature	Sheron Baoun	
(E so	By 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 ppointed fiduciary by that fiduciary)	_
	SHARON BROWN Sheron Brown	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	