## 0130000082925

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C. LEWIS OCT 3 0 2013 EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ELITE CUS	STOM STAIRS IN	NC
DOCUMENT NUMB	ER: P1300008292	5	
	f Amendment and fee are sul		
Please return all corresp	oondence concerning this mat	ter to the following:	
	DONALD BARBE	R	
		Name of Contact Person	
_	ELITE CUSTOM	STAIRS INC	
_		Firm/ Company	
l	6301 N UNIVERS	SITY DR STE 10	2
_		Address	
	TAMARAC, FL 33	3321	
-		City/ State and Zip Code	
don	bar05@comcast.	net	
4011		sed for future annual report	notification)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
For further information	concerning this matter, pleas	se call:	
DONALD BAI	RBER	at (954	, 651-1475
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
	ing Address		Address
Amendment Section		. , , , , , , , ,	lment Section
	sion of Corporations Box 6327		on of Corporations  Building
	hassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

## **Articles of Amendment** to **Articles of Incorporation** of

13 OCT 24 PM 12: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **ELITE CUSTOM STAIRS INC**

(Name of Corporation as P13000082925	currently filed with the Florida	Dept. of State)		
	1 Number of Corporation (if know	n)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	z Profit Corporation ad	lopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
· · · · · · · · · · · · · · · · · · ·				The new
name must he distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co".	ompany," or "incorpo A professional corpora	prated" or the al ution name must c	bbreviation
B. Enter new principal office address, in (Principal office address MUST BE A ST				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (	<u>cable:</u> <u>DFFICE BOX</u> )			
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	Florida, enter the nan	ne of the	
Name of New Registered Agent	DONALD BARBER		,	
	6301 N UNIVERSIT			
	(Florida street add		33321	
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			s of the position.	

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	<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	Р	WILLIAM E BARBER	6301 N UNIVERSITY DR
Add			STE 102
Remove			TAMARAC, FL 33321
2) Change	Р	DONALD BARBER	6301 N UNIVERSITY DR
Add			STE 102
Remove			TAMARAC, FL 33321
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

Attach add	ng or adding add litional sheets, if i	necessary). (B	se specific)			
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<u>If an amer</u>	ndment provides	s for an exchan	ge, reclassifica	ion, or cancellat	tion of issued sh	ares,
provision	ns for implement ot applicable, ind	ting the amendr	nent if not con	tained in the am	endment itself:	
A (1) /10	ч иррисиоле, та	icine 11/11)				
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				<u>".                                    </u>		

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	,	1 14-	CD
The date of each amendment	(s) adoption: 10/21/2013	13 ACT 21	PH, 2: 37 than the
date this document was signed	•		• •
Effective date if applicable:	10/21/2013	SECRETARY TALLAHASSE	OF STATE
<del></del>	(no more than 90 day	s after amendment file date)	W. ESKINA
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The numere sufficient for approval.	ber of votes cast for the amendment(s)	
	re approved by the shareholders through ed for each voting group entitled to vote s		
"The number of votes	s cast for the amendment(s) was/were suf	ficient for approval	
by	(voting group)	"	
•	(voting group)		
The amendment(s) was/wer action was not required.	re adopted by the board of directors with	out shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without s	hareholder action and shareholder	
Dated_10/2	21/2013	_	
Signature _	Al with Dale		
	y a director, president or other officer -	if directors or officers have not been	
	elected, by an incorporator - if in the han	ds of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)		
	DONALD BARBER		
	(Typed or printe	d name of person signing)	
	PRESIDENT		
	(Title of	person signing)	