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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: STAIRWAY GRO	UP CORP	
	MBER: P20000008443		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	теspondence concerning this ma	tter to the following:	
	MARCO REIS		
		Name of Contact Person	<u> </u>
	USA TAX CORPORATION		
		Firm/ Company	
	591 E SAMPLE RD		
		Address	
	DEERFIELD BEACH FL 33	064	
		City/ State and Zip Code	e
	USATAX@USATAXFL.CC	)M	
	E-mail address: (to be us	sed for future annual report	notification)
For further informate  MARCO REIS	tion concerning this matter, pleas	se call:	788-1818
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	Mailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

STA	IR W A	VGI	€OLIP	CORP
216	11/ 44/		ww	CON

(Name	of Corporation as curren	tly filed with the Flor	rida Dept. of State)		
P20000008443					
-	(Document Number	of Corporation (if kno	wn)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpo	oration adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:				
			The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp." "Inc." or "Co".	A professional corpo	porated" or the abbreviation "Corp.," pration name must contain the word		
B. Enter new principal office address,	if applicable:	2101 NW 33RD :	2101 NW 33RD ST		
(Principal office address MUST BE A.S	STREET ADDRESS )	SUITE 1000 A	SUITE 1000 A		
		POMPANO BEA	.CH FL 33069		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2101 NW 33RD ST			
		SUITE 1000 A			
		POMPANO BEA	.CH FL 33069		
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office ad	dress in Florida, ente	r the name of the:		
new registered agent and/or the ne	w registered office addre	SS:			
Name of New Registered Agent	JULIANA MUNIZ DE (		3.3 5 TI		
	2101 NW 33RD ST SUI	TE 1000 A	(A - N)		
	(Florida s	treet address)			
New Registered Office Address:	POMPANO BEACH		33069 Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if o	hanging Registered Ager	ıt-			
I hereby accept the appointment as regis			bligations of the position.		
		/ <i>(</i>	_		
	Juliano a	e Clieb			
	Signature of New	Registered Agent, if ch	nanging		
Check if applicable	, /				
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11	) (e), F.S.			

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>	<u>Name</u>	Address
1) Change	P	ALESSANDRA FERNANDES	150 E PALMETTO PARK RD
Add			SUITE 800
X Remove			BOCA RATON FL 33432
2) Change	P	JULIANA MUNIZ DE OLIVEIRA	2101 NW 33RD ST
XAdd			SUITE 1000 A
Remove 3) Change			POMPANO BEACH FL 33069
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· -
Add			
Remove			

(	rticles, enter chan ). (Be specific)	_			
OULD YOU PLEASE ADD THE EIN	NUMBER: 32-06	20708			
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If an amendment provides for an exerprovisions for implementing the am	change, reclassific	cation, or cancella	ation of issued shar	res,	
(if not applicable, indicate N/A)	tenament ii not ci	omanied in the ar	nenament usen:		
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	/18/2020
The date of each amendment(s) adoption:	
date this document was signed.	
08/18/2020	
Effective date if applicable:	/ 1 001
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed a 'State's records.
Adoption of Amendment(s) (CH	ECK ONE)
■ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval
by	
(von	ing group)
08/18/2020 Dated	
(By a director/presselected, by an incomposited fiduciary	descent other officer – if directors or officers have not been upordor – if in the hands of a receiver, trustee, or other court by that fiduciary)
ALESSANI	DRA FERNANDES
	Typed or printed name of person signing)
PRESIDEN	Т
	Title of person signing)

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