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Articles of Amendment - Business/Professional Corporation

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED: OCT 4, 2021
OREGON SECRETARY OF STATE

28727493-22632595

REGISTRY NUMBER: 287274-93

SKYWARD, INC.

AMDART

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pu
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1. **ENTITY NAME:** The Coraggio Group, Inc.

2. **THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF INCORPORATION IS MADE HEREBY:** State the article number(s) and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

Article I: The name of this corporation is Skyward, Inc.

3. **THE AMENDMENT WAS ADOPTED ON:** September 30, 2021
(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4. **PLEASE CHECK THE APPROPRIATE STATEMENT:**

(●) Shareholder action was required to adopt the amendment(s).
The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
Common	3,750,000	3,750,000	3,750,000	0

( ) Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

( ) The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the Incorporators or by the board of directors.

5. **Principal Place of Business** (Physical Street Address)

2240 N. Interstate Ave. Ste 300
Portland, OR 97227

6. **INDIVIDUAL WITH DIRECT KNOWLEDGE** (Name and Address)
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.

Trever Cartwright
2240 N. Interstate Ave. Ste 300
Portland, OR 97227

7. **EXECUTION:**
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
Trever Cartwright	Trever Cartwright	President

CONTACT NAME: (To resolve questions with this filing)

Brenda Alvey

PHONE NUMBER: (Include area code)

(503) 802-2156

FEES

Required Processing Fee $100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.