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AUG 0 9 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Ashton Utilities, In	ne.		
	SER:		<u>.                                    </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Anthony A. Ashton, Jr.			
•		Name of Contact Person	n	
	Ashton Utilities, Inc.			
		Firm/ Company	-	
	P.O. Box 3725			
•	Address			
	Fort Pierce, FL 34948			
		City/ State and Zip Cod	<del></del>	
castul	r@gmail.com			
	<del>-</del> -	sed for future annual report	notification)	
	(		·····,	
For further information	concerning this matter, pleas	se call:		
Anthony A. Ashton, Jr.		772 at (	971-5183	
Name o	of Contact Person	Area Code & Daytime Telephone Nun		
Enclosed is a check for	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 ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Ashton Utilities, Inc.

(Name e	of Corporation as curren	tly filed with the Florida Dept. of State)
512073		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
	uation "Corp," "Inc," or	The new fon," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if applicable:	2601 Gray Twig Lane
(Principal office address MUST BE A.S.		Fort Pierce, FL 34981
		7 1 1 8 1 8 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		P.O. Box 3725
		Fort Pierce, FL 34948
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	Anthony A. Ashton, Jr.	
	2601 Gray Twig Lane	
	(Florida :	treet address)
New Registered Office Address:	Fort Pierce	Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		nt: with and accept the obligations of the position.
	( Jan Jan)	
	Signature of New	Registered 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.

Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PD	Carl R. Ashton	450 Cyclone Dr.	
Add			Fort Pierce, FL 34945	
X Remove				
2) Change	PD	Anthony A. Ashton, Jr.	2601 Gray Twig Lane	
X Add			Fort Pierce, FL 34981	
Remove				
$\frac{X}{X}$ Change	ST	Christal A. Sturh	376 Cyclone Dr.	
Add			Fort Pierce, FL 34948	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

atacn additional sheets, if necess	al Articles, enter chang sary). (Be specific)			
		<u>.                                    </u>		
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f an amendment provides for a	n evehange reclassific	ation or cancellatio	n of issued shares	
provisions for implementing th	e amendment if not co	ntained in the amen	dment itself:	
(if not applicable, indicate N	W4)		······································	
		· · · · · ·	<del></del>	

The date of each amendment date this document was signed		if other than the
_	August 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will 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 vote	s east for the amendment(s) was/were sufficient for approval	
by		
	(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	
Augu Dated_	ist 1, 2018	
Signature	( May last)	
Si	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)	
	Anthony A. Ashton, Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del>,</del>