

J63247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

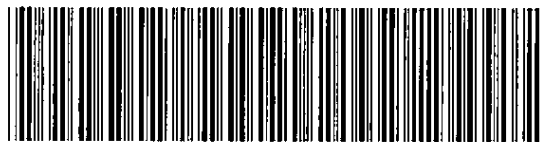
(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: S&L UTILITIES, INC  
DOCUMENT NUMBER: J63247

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen C. FLETCHER  
Name of Contact Person  
S&L UTILITIES, INC  
Firm/ Company  
719 SE 46th Ct.  
Address  
Ocala, FL 34471  
City/ State and Zip Code  
fletchers14@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen C. Fletcher at ( 352 ) 426-5030  
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 & 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)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

SOL UTILITIES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

JB3247

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida  
(City)

\_\_\_\_\_  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PT</u>	<u>Teresa Fletcher</u>	<u>719 SE 46<sup>th</sup> CT</u> <u>Ocala, FL 34471</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>Stephen C. Fletcher</u>	<u>719 SE 40<sup>th</sup> CT</u> <u>Ocala, FL 34471</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VS</u>	<u>LISA CARTER</u> <u>(LISA Carter)</u>	<u>719 SE 46<sup>th</sup> CT</u> <u>Ocala, FL 34471</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

4 NOTE X

X TERESA Fletcher DIED ON 8/25/23 AND

THE SHARES WERE TRANSFERRED TO

STEPHEN C. FLETCHER & LISA FLETCHER CARTER

ON 8/21/23... ENCLOSED IS DEATH CERT.

& STOCK CERT.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 10-10-2023

Signature Stephen C. Fletcher  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stephen C. Fletcher  
(Typed or printed name of person signing)

PRESIDENT / TREAS  
(Title of person signing)

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2023149861

DATE ISSUED: SEPTEMBER 7, 2023

## DECEDENT INFORMATION

DATE FILED: AUGUST 29, 2023

NAME: TERESA FLETCHER

DATE OF DEATH: AUGUST 25, 2023

SEX: FEMALE

AGE: 080 YEARS

DATE OF BIRTH: OCTOBER 28, 1942

SSN: \*\*\*-\*\*-7903

BIRTHPLACE: NEW BERN, NORTH CAROLINA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 719 SE 46TH CT

LOCATION OF DEATH: OCALA, MARION COUNTY, 34471

RESIDENCE: 719 SE 46TH CT, OCALA, FLORIDA 34471, UNITED STATES

COUNTY: MARION

OCCUPATION, INDUSTRY: NURSE, HEALTHCARE

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: VINCENT POLISI

MOTHER'S/PARENT'S NAME: ROSELIA ROMANO

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: STEPHEN FLETCHER

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 719 SE 46TH CT, OCALA, FLORIDA 34471, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KELSEY JACKSON, F088629

FUNERAL FACILITY: COUNTRYSIDE FUNERAL HOME INC F057660

9185 NE 21ST AVE, ANTHONY, FLORIDA 32617

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MARION COUNTY CREMATORY  
ANTHONY, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1025

DATE CERTIFIED: AUGUST 29, 2023

CERTIFIER'S NAME: JOHN R SHARPE

CERTIFIER'S LICENSE NUMBER: ME13794

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

STATE REGISTRAR

REQ: 2025663984

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:

**CERTIFICATE**

2

*For* 100 *Shares*

*Issued to* Charles A. Fletcher, Jr. and

Teresa P. Fletcher, his wife

*Dated* August 16 1988

*From whom transferred*

Charles A. Fletcher, Jr.

*Dated* March 20 1987

No Original Certificate	No of Original Shares	No of Shares Transferred
1	100	100

*Remitted Certificate No.*  
*for* *Shares*  
*on* 19

INCORPORATED UNDER THE LAWS OF  
THE STATE OF FLORIDA

**S & L UTILITIES, INC.**

750 SHARES OF COMMON STOCK, \$10.00 PAR VALUE

**This Certificate**

Charles A. Fletcher, Jr. and Teresa P. Fletcher, his wife

is hereby issued one hundred *fully paid*  
and non-assessable Shares of the Capital Stock of the above named Corporation  
transferable only on the books of the Corporation by the holder, hereof in person or  
by duly authorized Attorney upon surrender of this Certificate properly endorsed.

Witness my hand and the seal of the Corporation this 16th day of August 1988

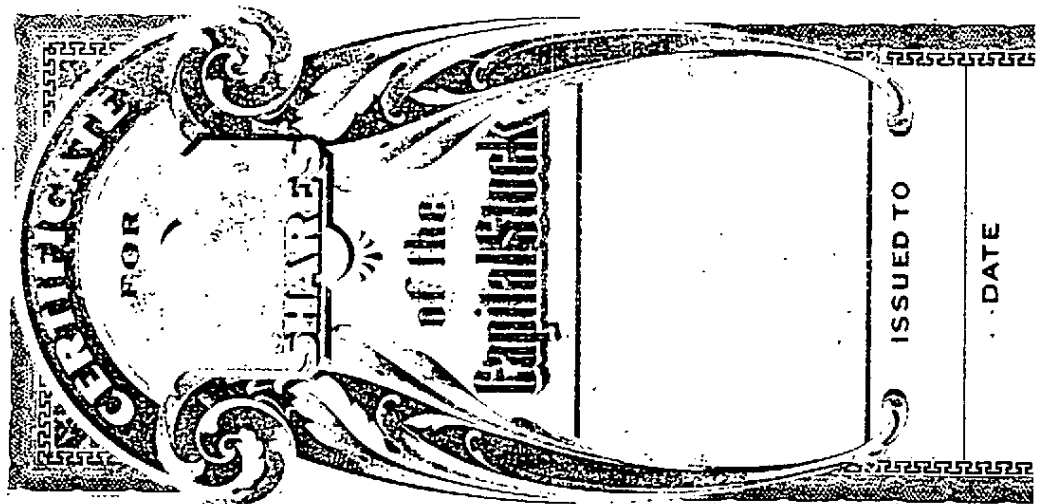
*Charles A. Fletcher, Jr.*

*Charles A. Fletcher, Jr.*

SECRETARY

PRESIDENT





For Value Received, I hereby sell, assign, and transfer  
unto: Stephen C. Fletcher and Lisa F. Carter  
100 shares, being all issued shares Shares  
of the Capital Stock represented by the within  
Certificate, and do hereby irrevocably constitute and appoint  
R William Fitch Attorney  
to transfer the said Stock on the books of the within named  
Corporation, with full power of substitution, in the premises.  
Dated: August 21 2023

In presence of  
[Signature]

Vernon P. Fletcher