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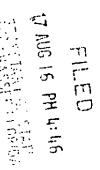
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STANLEY UTILI	TY CONTRACTOR, INC.	
DOCUMENT NUM	BER:	120150	
	of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	MICHAEL STANLEY		
		Name of Contact Person	1
	STANLEY UTILITY CONT	RACTOR, INC.	
		Firm/ Company	
	305 SKYLINE DR STE 2		
		Address	
	LADY LAKE, FL 32159		
		City/ State and Zip Code	<u> </u>
acco	unts@stanleyutility.com		
	•	sed for future annual report	notification)
	·	·	
For further information	on concerning this matter, pleas	se call:	
MICHAEL STANLEY		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STANLEY UTILITY CONTRACTOR, INC.			
(Name of Corporation	n as currently filed with the Flo	orida Dept. of State)	
(Docume	ent Number of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following amend	ment(s) to
A. If amending name, enter the new name of the corp	poration:		
		The n	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association." or the al	"Inc," or "Co". A profession	r "incorporated" or the abbreviat al corporation name must contain	ion the
B. Enter new principal office address, if applicable:	<u></u>		_
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)	900 S	
		<u> </u>	_
			- <u>ग</u> ्
C. Enter new mailing address, if applicable:	n	<u> </u>	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<i></i>	- 1 	- []
		<u></u>	_
			<u>. </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the	
Name of New Registered Agent			
, , , , , , , , , , , , , , , , , , ,			
	(Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. 1		obligations of the position.	

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.

X Change	PT	John Doc	
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	<u>s</u>	MADELINE STANLEY	2187 EVANS PRAIRE TRAIL
X Add			THE VILLAGES, FL 32163
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not c	
(if not applicable, indicate N/A)	cation, or cancellation of issued shares,
	<u> </u>
	

The date of each amendment(s) ad	ption:, if other than t
date this document was signed.	2017
07/2 Effective date <u>if applicable</u> :	2017
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ado by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	r the amendment(s) was/were sufficient for approval
by	."
,	(voting group)
☐ The amendment(s) was/were ado action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	11.7
Signature W	Qual Stanly
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
	(Typed or printed name of person signing)
•	(Typed or printed name of person signing)
_	President
	(Title of person signing)