P07000103770

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WALTON INC.		
DOCUMENT NUMBER:	P07000103770		
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.	·· ··
Please return all correspondence	concerning this ma	tter to the following:	
MARK R	WALTON		
ንነላይ ተሪነሳ	INC.	Name of Contact Person	
		Firm/ Company	
4189 B DA	JRY CT.	,	
		Address	
PORT OR.	ANGE, FL 32127		
		City/ State and Zip Code	
markrw.silv	verback@gmail.com	m	
E-mai	l address: (to be use	ed for future annual report	notification)
For further information concerning	g this matter, please	e call:	
MARK R WALTON		at (⁴⁰⁷	341-9419
Name of Contact P	erson		le & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	ayable to the Florida Depa	rtment of State:
-	.75 Filing Fee & ificate 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations	Division The Ce 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303

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Articles of Amendment Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State) P07000103770 (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: N/A 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." 4189 B DAIRY CT. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT ORANGE, FL 32127 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: WAYNE SMITH Name of New Registered Agent 4189 B DAIRY CT. (Florida street address) PORT ORANGE New Registered Office Address: Florida (City) 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. Signalure of New Registered Agent, if changing

Check if applicable

WALTON INC.

☐ The amendment(s) is/are being filed pursuant 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.

Example:

X Change <u>PT</u> John Doe X Remove Y Mike Jones X Add <u>\$V</u> Sally Smith Type of Action Title Name Address (Check One) P/T WILLIAM LUCIA 3930 S, NOVA RD 1) ____ Change SUITE 305 __ Add XXPORT ORANGE, FL 32127 Remove RA DIXIE BLACK 3930 S. NOVA RD 2) ____ Change SUITE 305 $_$ Add XXPORT ORANGE, FL 32127 Remove MARK R WALTON 3) XX Change 4189 B DAIRY CT PORT ORNGE, FL 32127 __ Add Remove 4) XX MARK R WALTON 4189 B DAIRY CT Change PORT ORANGE, FL 32127 ... Add ___ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ___ Add Remove

	cles, enter change(s) he (Be specific)	_		
 				
		 		
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				-
				
f an amendment provides for an excl	ange, reclassification,	or cancellation of is:	sued shares,	
	adment if not contains	d in the amendment	<u>itself:</u>	
provisions for implementing the ame	nument it not containe			
provisions for implementing the ame (if not applicable, indicate N/A)	nument ii not containe			
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The date of each amendment(s) date this document was signed.	s) adoption:	_, if other than the
-	03/16/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be applicable statutory filing requirements, this date will not be applicable statutory filing requirements.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and sh	narehold er
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s)	
"The number of weeks an	spproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): st. for the amendment(s) was/were sufficient for approval	
by MIDION INC.	(voting group)	
03/16/20 Dated	20	
Signature	director, president or other officer - if directors or officers have not been	
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARK R WALTON	
	(Typed or printed name of person signing)	
	PRESIDENT/TRESURER - SOLE OWNER	
	(Title of person signing)	

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