## P14000039274

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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FEB 1 0 2016 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LISA ASHTON, P.	Α				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are sul	omitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:				
	LISA ASHTON					
		Name of Contact Persor	<u> </u>			
	ASHTON REALTY GROUP, INC					
		Firm/ Company				
	14196 MISSOURI SKYLAR	K DR				
		Address				
	BROOKSVILLE, FL 34614					
		City/ State and Zip Code	<b>:</b>			
For further information	E-mail address: (to be us	ASMTON DY. ed for future annual report e call:	notification)			
LISA ASHTON		at ( 727	243-0505			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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	ling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp ASHTON REALTY GROUP, INC	poration:  The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS > 28
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	တ္တိုင္သိုင္း
	7: 26 STATE CAIDA
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the position.
Signati	ure 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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<u> </u>		
Add				<del>.</del>
Remove				
2) Change		·		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
5) Change		<del></del>		· · · · · · · · · · · · · · · · · · ·
<del></del>				
Remove				
6) Change	<del></del>	<del></del>		<del> </del>
Add				
Remove				

	eis, ij necessary).	(Be specific)	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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f an amendment propressions for imple (if not applicable	ovides for an exclementing the ame	nange, reclassifi ndment if not co	cation, or cancell ontained in the ar	ation of issued sha nendment itself;	ares,		
		•	•				

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:	02/05/2014	
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	dopted by the board of directors without shareholder action and shareholde	er .
☐ The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	L)5)14	
Signature	Lina m. Olhon	
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour nted fiduciary by that fiduciary)	τ
	LISA ASHTON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	