299915

(Re	questor's Name)	
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NOTE THAT SEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Allen Post Control Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Allen Pest Control Inc (Firm/Company)
HIGH VEST CONTROL INC (Firm/Company) 1875 N.E. 149 th St. (Address) (Address) North Miami FL. 33181
North Miami FL 33181 35 8
For further information concerning this matter, please call:
Tames Allen at (305) 932-0056 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

409 E. Gaines Street

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 13, 2004

JAMES ALLEN ALLEN PEST CONTROL, INC. 1875 N.E. 149TH ST. NORTH MIAMI, FL 33181

SUBJECT: ALLEN PEST CONTROL INC

Ref. Number: 299975

We have received your document for ALLEN PEST CONTROL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

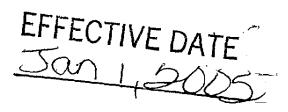
If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 204A00069353

Irene Albritton Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of



Alla		Control I	nc d with the Floric	la Dent of State)	
	(Name of corp	oradon as currently med	i with the riorit	ia Dept. of State)	
	(I	Document number of cor	poration (if kno	wn)	
		ection 617.1006, Flo ing amendment(s) to			For Profit
EW CORPOR	LATE NAME	(if changing):			
Burs		repaises	Tn		
ust contain the w	ord "corporation,'	" "incorporated," or the	abbreviation "co		ds of like import in
guage; "Compan	ıy" or "Co." may ı	not be used in the name	of a not for pro	fit corporation)	
MENDMENT	'S ADOPTED	- (OTHER THAN	NAME CHA	NGE) Indicate A	rticle
		(s) being amended, a			
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(continued)

(Attach additional pages if necessary)

The date of each amendment(s) adoption: 12-5-2004
Effective date if applicable: /-/- 2005 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 6 day of 150 , 2004. Signature (By a director, president or other officer - if directors or officers have not been related by an incorporator, if it the hands of a majour trustee or other country.
Signature Asimo N. all
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)

FILING FEE: \$35