

514791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

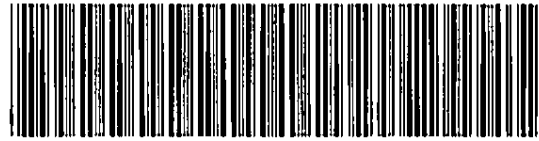
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LAW OFFICES of MARK H. RUFF, Esq.

165 Sabal Palm Drive, Suite 135, Longwood, FL 32779
Phone: 407.951.6679 | Fax: 407.951.6678

Mark H. Ruff, Esquire
mark@mhrlaw.com

Leslie Thomas, Esquire
leslie@mhrlaw.com

January 16, 2023

Via USPS Priority Mail

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

Re: Amendment to Articles of Incorporation
Petri Pest Control Services, Inc.
Document No. 514791

Dear Sir or Madam:

Enclosed herewith for processing please find the following:

- Cover Letter.
- Articles of Amendment to Articles of Incorporation.
- Check No. 9652 in the amount of \$35.00 to cover the filing fee.

Please contact me with any questions or concerns as they relate to this filing.

Respectfully submitted,

/s/ Lillian Garcia

Lillian Garcia
On behalf of Mark H. Ruff, Esq.

/lg
Enclosures

cc: Chris Cavanagh
Brendan Cavanagh

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Petri Pest Control Services, Inc.

DOCUMENT NUMBER: 514791

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

Please return all correspondence concerning this matter to the following:

Mark H. Ruff, Esq.
Name of Contact Person
The Law Offices of Mark H. Ruff, P.A.
Firm/ Company
165 Sabal Palm Drive, Suite 135
Address
Longwood, Florida 32779
City/ State and Zip Code
efilings@mhrlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark H. Ruff, Esq. or Lillian Garcia at (407) 951-6679
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

2023 JUN 23 11:53
SECRETARY
TALLAHASSEE
FILED

29

PETRI PEST CONTROL SERVICES, INC.

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

514791

(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:

CAVANAGH FAMILY BUSINESS, INC.

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**)

8819 Goldenwood Lake Ct.

Boynton Beach, FL 33473

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8819 Goldenwood Lake Ct.

Boynton Beach, FL 33473

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 Christopher Cavanagh

8819 Goldenwood Lake Ct.

(Florida street address)

New Registered Office Address: Boynton Beach

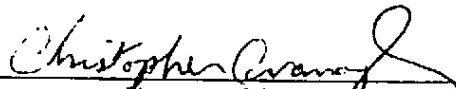
(City)

Florida 33473

(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) (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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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			_____

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 1/11/2023

Signature Brendan E. Cavanagh
(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)

Brendan E. Cavanagh

(Typed or printed name of person signing)

President

(Title of person signing)