| (Re                     | equestor's Name)   |                 |
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| PICK-UP                 | ☐ WAIT             | MAIL            |
|                         | isiness Entity Nan | ne)             |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | s of Status     |
| Special Instructions to | Filing Officer:    | ,               |
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JUN - 8 2012

T. BROWN

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations            |                            |  |                                     |
|-------------------------------------|----------------------------|--|-------------------------------------|
| NAME OF CORPORATION:                | Econo-Kil                  | l Pest Co  | ntrol, Inc.                         |
| DOCUMENT NUMBER:                    | 518262                     |  |                                     |
| The enclosed Articles of Amenda     | nent and fee are submitte  | d for filing.  |                                     |
| Please return all correspondence of | oncerning this matter to   | the following:   |                                     |
|                                     | Mark She                   | pard   | on                                  |
|                                     |                            |  | Pontrol, Inc.                       |
|                                     |                            |  | way                                 |
|                                     |                            |  | <b>55</b> de                        |
| E-mai                               | I address: (to be used for |  |                                     |
| For further information concerning  | g this matter, please call |  |                                     |
| Mark Shepar                         | 9                          | at ( 321   | Code & Daytime Telephone Number     |
| Name of Contact I                   | Person                     | Area C   | Code & Daytime Telephone Number     |
| Enclosed is a check for the follow  | ing amount made payab      | e to the Florida De  | partment of State:                  |
|                                     | ificate of Status C        | 43.75 Filing Fee & ertified Copy additional copy is nclosed) |                                     |
| Mailing Addre                       | <u>ss</u>                  |  | et Address                          |
| Amendment Se                        |                            |  | ndment Section                      |
| Division of Cor<br>P.O. Box 6327    | porations                  |  | sion of Corporations<br>on Building |
| Tallahassee, FL                     | . 32314                    |  | Executive Center Circle             |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| DIVISECHETAFILE                   |       |
|-----------------------------------|-------|
| 12 JUN OF CORPOS                  | TATO  |
| OIVSECRETARILEU 12 JUN -7 AM 10:5 | TIONS |

## ECONO-KILL PEST CONTROL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) 518262 (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: 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 <u>MUST BE A STREET ADDRESS</u>) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (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

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> <u>Joh</u>  | a Doe           |   |
|-------------------------------|-----------------------|-----------------|---|
| X Remove                      | <u>V</u> <u>Mik</u>   | e Jones         | · e                                       |
| X Add                         | <u>SV</u> <u>Sall</u> | y Smith         | •   |
| Type of Action<br>(Check One) | <u>Title</u>          | <u>Name</u>     | <u>Addres</u> s                           |
| 1) Change<br>Add<br>Remove    | <u>5</u> T            | Mickey Shepard  | 945 Levi H Pkwy<br>Rockledge, FL<br>32955 |
| 2) Change Add Remove          | <u>ST</u>             | Nicole D. Scott | 995 Borford Lane Rockledge FL 32955       |
| 3) Change Add Remove          | <b>D</b>              | Mickey Shepard  | Rockledge FL<br>32955                     |
| 4) Change Add Remove          | _D_                   | Nicole D. Scott | 995 Boxford Lane<br>Rockledge FL<br>32955 |
| 5) Change Add Remove          |                       |                 |   |
| 6) Change Add Remove          | <u>,</u>              | <del></del>     |   |

| If amending or adding additional Artic attach additional sheets, if necessary). | (Be specific)   |
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| f an amendment provides for an exch   | ange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)   | ndment if not contained in the amendment itself:          |
| (y noi applicable, maicale WA)  |   |
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| The date of each amendment(s) adoption: 5-2c-12               |   |  |
|---|---|--|
| Effective date if applicable:                                 | 5-26-12   |  |
| <del></del>   | . (no more than 90 days after amendment file date)  |  |
| Adoption of Amendment(s)                                      | ( <u>CHECK ONE</u> )  |  |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.  |  |
|   | proved by the shareholders through voting groups. The following statement reach 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)  |  |
| action was not required.                                      | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder            |  |
| Dated <b>5</b>  | -29-12  |  |
| Signature   | cart Slepal   |  |
|   | 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 court |  |
|   | nted fiduciary by that fiduciary)   |  |
|   | Mark Shepara (Typed or printed hame of person signing)  |  |
|   |   |  |
|   | President   |  |
|   | (Title of person signing)   |  |