518262

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ECONO-KILL P E	EST CONTROL, INC.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANTONY STABILE		
•		Name of Contact Persor	1
	ECONO-KILL PEST CONT	ROL, INC.	
		Firm/ Company	
	14931 GAULBERRY RUN		
•	-	Address	
	WINTER GARDEN, FL 347	87	
		City/ State and Zip Code	2
ANI	ONY@ECONOKILL.COM		
	E-mail address: (to be used for future annua	l report notification)
For further information	concerning this matter, plea	se call:	
ANTONY STABILE		at (720	999-3088
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

			CUZI MAR = 1	AM 11
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)	2021 MAR - 1	::11 :59
18262			•	•
(Document	Number of Corporation (if	known)	-	
ursuant to the provisions of section 607.1	1006, Florida Statutes, this a	corporation adopts the	following amen	dment(s) to its Articles
. If amending name, enter the new na	me of the corporation:			
				The new
ame must be distinguishable and contain t Inc.," or Co.," or the designation "Co chartered," "professional association," (orp," "Inc," or "Co". A			
Enter new principal office address, in Principal office address <u>MUST BE A ST</u>				
Enter new mailing address, if applic (Mailing address MAY BE A POST O	FFICE BOX)			
 If amending the registered agent and new registered agent and/or the new 			he name of the	
***************************************	ANTONY STABILE			
	14931 GAULBERRY RUN		·	
-	(Florida str	eet address)		
	WINTER GARDEN	Į.	Jorida 34787	
New Registered Office Address:		, · ·		Code)
-	(Florida str	eet address)	34787 Torida	

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)

Add

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 PT John Doe X Remove Mike Jones V X Add <u>SV</u> Sally Smith Type of Action Title Address | Name | (Check One) **PST** ANTONY STABILE 14931 GAULBERRY RUN 1) ____ Change WINTER GARDEN, FL 34787 __ Add ___ Remove D ANTONY STABILE 14391 GAULBERRY RUN 2) ____ Change WINTER GARDEN, FL 34787 Add Remove PD MARK SHEPARD 945 LEVITT PARKWAY 3) Change ROCKLEDGE, FL 32955 ___ Add Remove ST NICOLE D SCOTT 995 BOXFORD LANE 4) ____ Change ROCKLEDGE, FL 32955 ____ Add Remove NICOLE D SCOTT D 995 BOXFORD LANE 5) Change ROCKLEDGE, FL 32955 Add Remove 6) Change

	sheets, if necessary).	(Be specific)			
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an amendment pr	rovides for an excha	nge, reclassificatio	n, or cancellation	or issued snares	1.
rovisions for imple	ementing the amend	<u>iment it not contai</u>	ned in the amend	lment itselt:	
(if not applicabl	le, indicate N/A)				
					
					-

	02/09/2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
~	2/09/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
02/17/20 Dated		
Signature	Certy Sta	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANTONY STABILE	
	(Typed or printed name of person signing)	_
	TRUSTEE, MARK ADAM SHEPARD TRUST	
	(Title of person signing)	