## H3315A

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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## COVER LETTER

TO: Amendment Section

Division of Corpor.	ations		
NAME OF CORPORADOCUMENT NUMBER	11.55		Control, Inc.
The enclosed Articles of	(Amendment and fee are su	bmitted for filing.	
•		· ·	
riease return air corresp	ondence concerning this ma	tter to the following:	
_	Sew	Name of Contact Perso	ades.
_	<i></i>	Accurate	Pest Control, Inc
		Firm/ Company	0 1
_	1020	S. Stat	e Road 7
	01.1	Address / 1	270.07
_	Planto	City/ State and Zin Cod	· 333/7
For further information of	E-mail address: (to be us	sed for future annual report	nail. Com notification)
<i>C</i>	C	acu	ry4,0000
<u>&gt;そみ内</u> Name of	Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u> ailii	ng Address	Street	Address
Amendment Section		Amend	Iment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, Fl. 32301

## **Articles of Amendment**

to

Articles of Incorporation

of

Accurate p	est Control Inc
	y filed with the Florida Dept. of State)
	_ ح
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Plantation (R1. 33317
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as Above
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent  1020 South	mades  h State Read 7  cet address
New Registered Office Address: Planta HO	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Sumature of New R	Peristered 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	PT John Do	<u>e</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
_X Add	<u>SV</u> <u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Jenny Chapter	3707 Beach Way
Add		,	cooper city, K1. 3302
X Remove			•
2) Change	<u>D</u>	Sean Smades	1020 South State Road;
X_ Add			Plantation, KI 23317
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chann			
6) Change			
Add			<del></del>
Remove			

ttach additional sheets, if necessary). (Be specific)		
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		-
		<u> </u>
		•
an amendment provides for an exchange, reclassification, or	r cancellation of issued shares,	
provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:	
	C1 070	4 m 2 m C 1
HAIURU CARDES	` / / / /	7060 32
HAIVEY Smades Becty Smades	110 07	<u>1020 Sh</u> <u>980 Sh</u>

The date of each amendment(s) as	tantian: 4/17/17	, if other than th
date this document was signed.	юрион	, a one man u
-	4/17/17	
Effective date if applicable:	(no more than 90 days after amendment file d	late)
Natar If the data incerted in this b	slock does not meet the applicable statutory filing requiren	
document's effective date on the De		ienis, this date will not be fisted as in
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 east for the fficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend.	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action ar	ıd shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sh	areholder
Dated	-1-17	
Simmone	Luy Sintes	
Signature(By a d	rector president or other officer - if directors or officers ha	ive not been
selecte	d, by an incorporator - if in the hands of a receiver, trustee,	
appoin	ted fiduciary by that fiduciary)	
	HAIVE J Smades (Typed or printed name of person signing)	_ <del></del>
	President (Title of person signing)	
	(Title of person signing)	