## 443938

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
- PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
(Bocanicht Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Cpcolar michael of a ming concern

Office Use Only



600244511916

02/13/13--01004--002 \*\*35.00

13 FEB 13 PH 12: 14
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

and the state of t

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: SHUK-SHOT PEST CONTROL, INC.
DOCUMENT NUMBER: H - 43938
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAY MOND A. G. ARDINA Name of Contact Person
Character To Take To
SHUR-SHOT PEST CONTROL, INC.
2600 REllingland at
Address
2600 BELLINGHAM CT.  Address  CAPECONAL, FL. 33991  City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAYMOND A. GIARDINA at (239) 574-5792  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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section  Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

**Articles of Incorporation** (Document Number of Corporation (if known)

. The state of the			
a. If amending name, enter the new name of the corporation	<u>n:</u> 7/⊿		
	// /7	Th	-
ame must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevia	or "Co". A professional corpo		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/N	<u>A</u>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	$\mathcal{N}/f$	7	
. If amending the registered agent and/or registered office		me of the	
new registered agent and/or the new registered office ad	$\frac{\text{dress:}}{4}$		
Name of New Registered Agent	N/TI	_	
(Flori	ida street address)	_	
New Registered Office Address:	/ // , Florid	· <del></del>	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registered A	gant.		
hereby accept the appointment as registered agent. I am fami		ns of the position.	
1	1/4	-	
11.7			

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TS	RAYMOND A. GIARDINA	2600 BELLINGHAM CT
Add			CARE COLAL, FL.
Remove			3399/
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		· -	
Add			
Remove			<u>, , , , , , , , , , , , , , , , , , , </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

Att	ach additional sheets, if necessary). (Be specific)
	•
•	
•	
<u>'a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  WA
	,
_	<del></del>



The date of each amendment(s) adoption: _	FEBRUARY 8th 2013					
Effective date if applicable:						
	(no more than 90 days after amendment file date)					
Adoption of Amendment(s) (C	HECK ONE)					
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.					
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):					
"The number of votes cast for the ame	endment(s) was/were sufficient for approval					
by	,,,					
(ve	oting group)					
action was not required.	e board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder					
Signature	Nalla					
(By a director, pre	sident or other officer - if directors or officers have not been					
	corporator – if in the hands of a receiver, trustee, or other court					
appointed fiducial	y by that fiduciary)  -G. Laber					
	(Typed or printed name of person signing)					
	Dresident					
<del></del>	(Title of nerson signing)					