## K25098

(Re	questor's Name)	
(Ad	dress)	
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SECRETARY SELECTION A

JUL 2 9 **2019** S. **Young** 

## COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PATRICK EXTERMINATING INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD C. PATRICK Name of Contact Person
PATRICK EXTERMINATING INC.
Firm/ Company
3226 S.E. GRAN PARK WAY
Address
STUART, FL. 34997 City/ State and Zip Code
ISLAND BUM 561 @ AOL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD C. PATRICK 11,772, 286-6812
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:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)

Street Address Amendment Section

Division of Corporations

Clifton Building

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

## Articles of Amendment

## Articles of Incorporation

PATRICK FX	TERMINATING INC.	
(Name of Corpor	ation as currently filed with the Florida I	Dept. of State)
K-2509°	8	
	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporatio</i>	n 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 w "Corp" "Inc.," or Co.," or the designation "Co word "chartered," "professional association." or t	orp," "Inc," or "Co". A professional corp	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
		11 22 E
D. If amending the registered agent and/or regis		name of the
new registered agent and/or the new register of New Registered Agent	ed office address:	्री <b>अ</b>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:	
I hereby accept the appointment as registered agent	t. I am familiar with and accept the obligat	tions of the position.
<del></del>	CM Date of the Control	
Ni,	gnature of New Registered Agent, if changir	ng

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	•	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
<u>X</u> Add		ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>.</u>	CRAIG FENTON	54 S.W. HIDEAWAY PL. STUART, FL. 34994
2) Change Add	<u> </u>	MEGAN T. PATRICK	3829 S.W. St. LUCIE Shores DR PALM CITY, FL. 34990
Remove 3 ) Change Add			
Remove 4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
Remove			

Attach	nding or adding additional Art additional sheets, if necessary).	(Be specific)	_	
	<u> </u>			
			<del></del>	_
				<del></del>
<u>-</u>	· · · · · · · · · · · · · · · · · · ·			
provis	mendment provides for an exessions for implementing the amount of not applicable, indicate N/A)	hange, reclassification, or endment if not contained	r cancellation of issued in the amendment itsel	<u>shares.</u> <u>f:</u>
				· <b>_</b>

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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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/16/19	
Signature Pala Challe	
(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)	
KICHARD C. PATRICK	
(Typed or printed name of person signing)	
Dosain	
YRESIDENT (Title of person signing)	
( o. harden o. Burne)	

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