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STORELLY OF STATE

A. Butler

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

,

NAME OF CORPORATION:	es Patrol Corporation		•
N20000005219 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee ar			
Please return all correspondence concerning this	s matter to the following:		
Joseph (Ashley) Kirkley			
	(Name of Contact F	Person)	
Invasive Species Patrol Corporation			
	(Firm/ Compan	ıy)	
687 110th Avenue North			
	(Address)		
Naples, FL 34108			
	(City/ State and Zip	Code)	
ashley.kirkley.ispe@gmail.com			
E-mail address: (to b	e used for future annual re	port notificatio	n)
For further information concerning this matter, p	please call:		
Joseph (Ashley) Kirkley	a	229 t	292-7770
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fe  Certificate of St	_	Certit is Certit	0 Filing Fee Teate of Status Ted Copy tional Copy is Osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	rect Address mendment Sectivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

13 E D

Invasive Species Patrol Corporation

(Name of Corporation as currently filed with the Florida	a Dept. of State)	2021 AUG -2 PM 1:19
N20000005219		
(Document Nun	iber of Corporation (if known)	SEORETHIN OF STATE TALLAHANSEE, FI
Pursuant to the provisions of section 617.1006. Florida Statumendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit	
A. If amending name, enter the new name of the corpor	ation:	777
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	320 Quail Forest Blvd.	
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u> ) <sub>Apt. 419</sub>	
	Naples, FL 34105	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	320 Quail Forest Blvd.	
	Αρι 419	
	Naples, FL 34105	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		e name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree.	t address)
	(Cirv)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere	·	, , -
I hereby accept the appointment as registered agent. I am f		ations of the position.
<del></del> ;	Signature of New Registered Age	nt, 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 X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	T	Charles A. Rhodes	687 110th Avenue North Naples, FL 34108
<u>&gt;</u> Remove			
2) Change Add	T	Joel L. Grimes	Valdosta, GA 31602
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addit</u> (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specyle)	
		<u></u>	

•		
		<u>.</u>
		<del></del>
		<del></del>
The date of each amendment(s) ad date this document was signed.	toption:	_, it other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	oe listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) if.	

Dated	7/29/2021
Dateu	2.2.
Signatu	re J D
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Joseph A. Kirkley
	(Typed or printed name of person signing)