P01000112948

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: CME Pest Manage	ement, Inc.	
	BER: P01000112948		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Elsa Martin		
		Name of Contact Persor	1
		Firm/ Company	
	8400 Baymeadows Way Ste	12	
	January Martin 22254	Address	
	Jacksonville FL. 32256	City/ State and Zip Code	<u> </u>
	emartin@turnerpest.com	City/ State and Zip Code	•
		sed for future annual report	notification)
For further informatio	n concerning this matter. plea	se call: 904	760-7418
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 DEC 17 PM 1: 40

CME Pest Management, Inc. (Name of Corporation as currently filed with the Florida Dept. of State P01000112948 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/AB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Troy Fisher Name of New Registered Agent 8400 Baymeadows Way Ste 12 (Florida street address) Jacksonville New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position

signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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, FR - 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change PΤ <u>John Doe</u> X Remove $\overline{\Lambda}$ Mike Jones \underline{X} Add SVSally Smith Title Type of Action Name. Address (Check One) COLE, GARY LIR 2426 ICE CAPADE DR 1) ____ Change SARASOTA, FL 34240 ____ Add Remove LAMM, TIMOTHY 8400 Baymeadows Way Ste 12 2) _____ Change \mathbf{X}_{-} Jacksonville FL, 32256 _ Add __ Remove MILLER, CYNTHIA R. 501 E. LEMON STREET 3.) ____ Change TARPON SPRINGS, FL 34689 ____ Add Remove MARTIN, ELSA 8400 Baymeadows Way Ste 12 4) ____ Change Jacksonville FL, 32256 _ Add __ Remove 501 E. LEMÓN STREET D MILLER, FRANK A 5) ____ Change TARPON SPRINGS, FL 34689 .Add Remove FISHER, TROY 8400 Baymeadows Way Ste 12 6) ____ Change Jacksonville FL, 32256 Add __ Remove

Attach <i>addition</i>	r adding additional Ai nal sheets, if necessary)	. (Be specific)				
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Effective date if applicable: mo more than 90 days after amendment file date.] Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 exparately 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 Twoing groups		
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