## P02000 003 765

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: BUDGET PEST CONTROL, INC. DOCUMENT NUMBER: P02000003765 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSHUA C. WELLS Name of Contact Person WRIGHT & CASEY, P.A. Firm/ Company 340 NORTH CAUSEWAY Address NEW SMYRNA BEACH, FL 32169 City/ State and Zip Code jennifer@budgetpestinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 386 ) 428-3311 Area Code & Daytime Telephone Number JOSHUA C. WELLS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation οf

BUDGET PEST CONTROL, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P02000003765 (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/A B. 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: JENNIFER BARSHAY Name of New Registered Agent 2016 HIBISCUS DRIVE (Florida street address) **EDGEWATER** New Registered Office Address: (Ciny)New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Carolxing Signature of New Registered 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:<br>X Change       | <u>PT John</u>        | <u>ı Doc</u>      |                       |  |  |  |
|----------------------------|-----------------------|-------------------|-----------------------|--|--|--|
| X Remove                   | <u>V</u> <u>Mik</u>   | Mike Jones        |                       |  |  |  |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith           |                       |  |  |  |
| Type of Action (Check One) | <u>Title</u>          | <u>Name</u>       | <u>Addres</u> s       |  |  |  |
| 1) Change                  | P                     | JAMES MURPHY      | 2016 (HBISCUS DRIVE   |  |  |  |
| . ^ Add                    |                       |                   | EDGEWATER, FL 32141   |  |  |  |
| X Remove                   |                       |                   |                       |  |  |  |
| 2) Change                  | VP                    | SUSAN LYNN MURPHY | 2016 HIBISCUS DRIVE   |  |  |  |
| Add                        |                       |                   | EDGEWATER, FL 32141   |  |  |  |
| X Remove                   |                       |                   |                       |  |  |  |
| 3) Change                  | 16                    | JENNIFER BARSHAY  | 2016 HIBISCUS DRIVE   |  |  |  |
| X Add                      |                       |                   | EDGEWATER, FL 32141   |  |  |  |
| Remove                     |                       |                   |                       |  |  |  |
| 4)Change                   | Pres                  | JUSTIN KERLIN     | 2016 HIBISCUS DRÍVE S |  |  |  |
| X Add                      |                       |                   | EDGEWATER, FL 32141 % |  |  |  |
| Remove                     |                       |                   |                       |  |  |  |
|                            |                       |                   | 9: 5                  |  |  |  |
| 5) Change                  |                       |                   | <u> </u>              |  |  |  |
| Add                        |                       |                   |                       |  |  |  |
| Remove                     |                       |                   |                       |  |  |  |
| 6) Change                  |                       |                   |                       |  |  |  |
| Add                        |                       |                   |                       |  |  |  |
| Remove                     |                       |                   |                       |  |  |  |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |                         |                 |        |
|--|-------------------------|-----------------|--------|
| N/A  |                         |                 |        |
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|  | 15.53<br>17.44<br>17.44 | -2              | 3 man. |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | 트.,                     | 369<br>333      | FY     |
| (if not applicable, indicate N/A)  | 0.7                     | <del>ب</del>    | ;      |
| N/A  | ALE<br>ORIBI            | <u>ন</u>        |        |
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| The date of each amendment(s) adoption:At  | ugust 30,   | 2019  |  | , if other than the  |
|--|---|---|--|--|
| late this document was signed.   |   |   |  |  |
| N/A  |   |   |  |  |
| Effective date <u>if applicable</u> :  | so more than 90   | ) days after amendme                              | nt file dute)                                |  |
| Note: If the date inserted in this block does not a locument's effective date on the Department of Sta   | neet the applicate's records.                                 | able statutory filing r                           | requirements, this dat                       | e will not be listed as the                                      |
| Adoption of Amendment(s) (CHEC   | CK ONE)   |   |  |  |
| The amendment(s) was/were adopted by the sha<br>by the shareholders was/were sufficient for app  |   | number of votes cast                              | for the amendment(s                          | )  |
| ☐ The amendment(s) was/were approved by the st<br>must be separately provided for each voting gr   | sareholders thro oup entitled to v                            | ugh voting groups. Tote separately on the         | The following stateme: camendment(s):        | nt   |
| "The number of votes east for the amenda   | ient(s) was/wer   | e sufficient for approv                           | val  |  |
| by   |   |   | <del></del> .*                               |  |
| (voting  | (group)   |   |  |  |
| ☐ The amendment(s) was/were adopted by the boaction was not required.  | nd of directors   | without shareholder :                             | action and shareholde                        | г  |
| The amendment(s) was/were adopted by the incaction was not required.  AUGUST 30, 2019  Dated  Signature  (By a director, preside selected, by an incorp appointed liduciary by JAMES MUR | ent or other office<br>orator – if in the<br>other fiduciary) | per – if directors or of the hands of a receiver, | ficers have not been trustee, or other court | FILED  19 OCT -2 AM 9: 51  SELELAR OUT STATE ALL ANASSET FLORIDA |
|  | oped or printed:  | name of person signir                             |  |  |
|  | t i ma tra i de a c   | , 5   | -  |  |
| PRESIDENT  |   |   |  |  |

(Title of person signing)