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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ALAFIA TERMIT	E & PEST CONTROL SE	RVICES, INC	
DOCUMENT NUM	BER: P02000045969			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JEAN L BERGERON			
		Name of Contact Person	n	
	ALAFIA TERMITE & PEST	CONTROL SERVICES.	INC	
		Firm/ Company		
	3405 HOLLAND DR			
		Address		
	BRANDON, FL 33511			
		City/ State and Zip Code	e	
	ALAFIAPEST@VERIZON.	NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
JEAN BERGERON		813	, 966-4935	SECIALIST THE
	of Contact Person	at (<u>813</u> Area Co) de & Daytime Telephone Number	-55 2
			•	-
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	74
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)	STATE 2: CI
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALAFIA TERMITE & PEST CONTROL SERVICES, INC

(Name of Corpo	ration as currently filed with the Florida Dept. of State)	
P02000045969	_	
(De	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbrev Inc," or "Co". A professional corporation name must co bbreviation "P.A."	riation "Corp.,"
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> .		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
). If amonding the registered agent and/or reg	istered office address in Florida, enter the name of the	
new registered agent and/or the new registe	red office address:	
Name of New Registered Agent		
		rs.3
	(Florida street address)	SECULTALIA
New Registered Office Address:	. Florida	22 高
	(City)	Zip Code) \sim
		.
N. D. C. L. A. C. L.	Duristand Agents	7 2
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	nt. I am familiar with and accept the obligations of the positi	on. 71 = 2
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	Signature of New Registered Agent, if changing	
`	regulation of the a medianeter the the A animalist	

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; 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.

X Change	<u>PT J</u>	lohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	S	AMBER MARTINEZ	3405 HOLLAND DR
X Add			BRANDON, FL 33511
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			SECILE TO THE PARTY OF THE PART
Remove			7.7.7. AUS (
5) Change			
Add			FN 2: 27
Remove			
6) Change			
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n amendment provides for an exchange, reclassification ovisions for implementing the amendment if not cont	ion, or cancella sined in the arr	<u>tion of issued sh:</u> endment itself:	ires,	
(if not applicable, indicate N/A)	unit di tita			
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The date of each amendm	it(s) adoption:, if other than t
date this document was sig-	
nee of the Market	AUGUST 18, 2023
Effective date <u>if applicabl</u>	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment((<u>CHECK ONE</u>)
■ The amendment(s) was/ action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/ by the shareholders was	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
☐ The amendment(s) was/ must be separately pro-	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of v	es east for the amendment(s) was/were sufficient for approval
by	
	(voting group)
AU	SUST 18, 2023
Dated	
Signature	
	Rya director, president or other officer – if directors or officers have not been
	relected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JEAN BERGERON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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TALLET : : : FI