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SECRETARY OF STATE
SECRETARY OF STATE
SALEANASSEE, FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: B- III, Inc. DOCUMENT NUMBER: P03000087866
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person B-II, Inc. Firm/ Company 540 SW 8th St, Ste 102 Address Ocah, Fl 34471-2622 City/ State and Zip Code Pest Control @ Orkinocah Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthia C. Card at (352) 502-2785 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:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

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D-III, Inc	SPORETARY OF STAT
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSEE FLOR
P03000081866	
(Document Number of Corporation (if known)	
resuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> mendment(s) to its Articles of Incorporation:	ation adopts the following
. If amending name, enter the new name of the corporation:	
B-III Pest Control Tac.	
he new name must be distinguishable and contain the word "corporation," "company," or "ir	corporated" or the
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe	ssional corporation
me must contain the word "chartered," "professional association," or the abbreviation "P.A	н
. Enter new principal office address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	DORKINOCALA.CO
	ame of the
If amending the registered agent and/or registered office address in Florida, enter the namew registered agent and/or the new registered office address:	nme of the
new registered agent and/or the new registered office address:	nme of the
Name of New Registered Agent: Lary Gard	nme of the
Name of New Registered Agent: Larry Gard 3311 5 Jean Ave	nme of the
Name of New Registered Agent: Larry Gard	nme of the
Name of New Registered Agent: Larry Gard 3311 5 Jean Ave (Florida street address)	-
Name of New Registered Agent: Larry Gard 3311 5 Jean Ave	-
Name of New Registered Agent: Larry Gard 3311 S Jean Ave (Florida street address)	-
Name of New Registered Agent: Larry Gard 3311 5 Jean Ave (Florida street address)	-
Name of New Registered Agent: Larry Gard 3311 S Jean Ave (Florida street address)	- - 3 <u>4 4 5 O</u> (Zip Code)

Signature of New Pregistered Agent, if changing

(Our database	<mark>e. Please i</mark> can index	ndicate the title(s), name	and address for	each officer/director	corporation as you now want r. irectors, please list them on an
additional sheet Title(s)	.)	Name		Address Chai	nge
1) Pre 5		Larry Gar Cynthia C. Go	7		Jean Ave 55, FL 34450
2) <u>U. P</u> res		Cynthia C. Go	<u> </u>	3311 S Invernes	Jean Ave s, FL 34450
3)					
4)			<u>_</u>		
5)					
6)					
If REMOVING	an office	r and/or director, please l	ist the title(s) an	d name of the office	er/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1)			. 4)		
2)		 	. 5)	<u> </u>	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	e amendment itself:
10.10	2011 DEC - 1 AM 11:
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	SECRETARY OF STATE ALLE AHASSEE.FLOS
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e date of each amendment(s) adoption:	
ective date <u>if applicable</u> :	
(no more than 90 days af	ter amendment file date)
option 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(a) was (ware amenaged by the about alders the such	The College of the Co
The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote sepa	
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