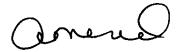
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

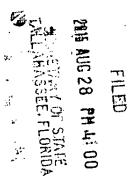
Office Use Only



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AUG 31 2015 A RAMSEY

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: NOTING Choice Pest Control of Trivity INC.
DOCUMENT NUMBER: PU700004195
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth Roger Myers
Natural Choice Pest Control of Trinity INC.
12200 Hunters Lake Dr.
New Port Richer FL 34654
City/ State and Zip Code bucton 5583 Chot Mail. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (107) 375-261 or 707-809-0847 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

'			to Incorporation	FIL	ED
	d N	, (1)	of		
Natural	Choice Pes	t Control	ot Trivity	138 AUG 28	PM 44 00
	(Name of C	orporation as curre	ntly filed with the Flb	rida Depteof State)	
	P040	100000470	1 5	TALLAHASSE	EL FLUNIUM
		(Document Number	r of Corporation (if kno	own)	, NS
arsuant to the provision Articles of Incorpora		6, Florida Statutes, th	nis <i>Florida Profit Corp</i>	oration adopts the follow	ing amendment(
. <u>If amending name</u> ,	enter the new name	of the corporation:			
					The new
ame must he disting	uishahle and contain	the word "cornora	tion " "company " or	"incorporated" or the	
. Enter new princips	ofessional association al office address, if ar ass MUST BE A STRE	pplicable:	n P.A.		
*			<u></u>		<u></u>
				******************************	· · · · · · · · · · · · · · · · · · ·
Datas sarressilis	addess ifammlissk	la.			
	<u>g address, if applicab</u> MAYBE A POST OF I				
(
					
. If amending the re	gistered agent and/or	registered office a	ddress in Florida, ente	r the name of the	
	nt and/or the new re			_	
N	Desta de la Caracia				
<u>Name of New .</u>	Registered Agent				
		(Florida	street address)		
May Pagistana	d Office Address			, Florida	
New Registere	d Office Address:		(City)		ip Code)
			(=-9)	(****	<i>p</i> ,
	t's Signature, if chang			obligations of the position	n
петсоу ассері іне арр	omanem as registered	. वर्ष्ठणाः । याग्यामार	п минани восорі ше (ouganous of the position	1.
					
		Signature of Net	w Registered Agent, if c	hanging	

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	<u>PT</u> <u>John</u>	. <u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VT	Michelle Myers	12200 Hunters Lake Dr
Add			Naw Port Kichung FL 34654
Remove		1/ all Al a	
2) Change	PVTS	Kenneth Myers	Nous Part Richar FL 3445
Add			New Bot Kichy PC 3443
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add Remove			
6) Change			
Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
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	, <u>, , , , , , , , , , , , , , , , , , </u>
·	
an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the shares of the
(if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	08/12/15, 11	
Signature	Kemult K Mnews	
(By a di	rector, president or other officer - if directors or officers have not be	
	, by an incorporator – if in the plands of a receiver, trustee, or other cel fiduciary by that fiduciary)	ourt
	Kennoth R Myers	
•	(Typed or printed name of person signing)	
	Day d. d / Sounds mandle	Lill Augusted
-	President / Secretary currently (Title of person signing) Then Pr	TIN MATERIAL
	Then Pr	ves. VI), dec. Tras.