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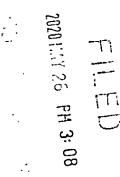
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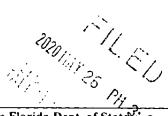
> JUN 1 1 2020 I ALBRITTON

COVER LETTER

• TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: STATEWIDE PES	ST CONTROL	SVCS, INC	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
	Michael E. Steuer, CPA			
•		Name of Co	ntact Persoi	1
	Steuer & Co. CPA			
•		Firm/ C	ompany	
	1000 S. Belcher Rd, Ste 7			
•		Add	ress	
	Largo, FI 33771			
•		City/ State a	nd Zip Cod	e
	mike@mikethecpa.com			
-	E-mail address: (to be us	sed for future ar	nual report	notification)
For further information	concerning this matter, pleas	sa sall:		
or farther information	concerning this matter, pleas	se call.		
Michael E. Steuer, CP.	A	at (727	797-9000
Name o	f Contact Person	 ~	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the F	lorida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314		Amend Division The Co 2415 M	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of



STATEWIDE PEST CONTROL SVCS, INC.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State
P04000014466		08
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
Adventures with JJ, Inc.		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	14810 RUE DE BAYONNE, UNIT B 7
(Principal office address <u>MUST BE A S</u>		CLEARWATER, FL 33762
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX) nd/or registered office add	dress in Florida, enter the name of the
	14810 RUE DE BAYON	NE, UNIT B 7
	(Florida s	treet address)
New Registered Office Address:	CLEARWATER	. Florida 33762
New Registered Agent's Signature, if c	hanging Registered Agen	(City) (Zip Code)
nereby accept the appointment as regist	erea agent. Tam jaminar M Lull-	with and accept the obligations of the position.
	Signature of New I	Registered Agent, if changing
Charles Carallantes		

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, 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 = Clercutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add			•	
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		-		
Add				
Кепточе				

(Attach	nding or adding additional Ar additional sheets, if necessary).	(Be specific)			
N/A					
		,			~~~···································
		 			
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lf an a	mendment provides for an exc	hange, reclassific	ation, or cancella	tion of issued sha	ares,
<u>provis</u> (i	sions for implementing the am if not applicable, indicate N/A)	endment if not co	ntained in the an	nendment itself:	
1/A	f not appreciote, materic 1971)				
					
					

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•	May 19, 2019- 55	
The date of each amendment(s) adoption:		_, if other than
date this document was signed.	20	 -
May 19, 201	s jš	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will tof State's records.	not be listed as th
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	w	
	(voting group)	
May 19, 2 019- Dated	15 1 22	
✓ Signature ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	n dulle	
(By a director, properties) selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court lary by that fiduciary)	_
John W.	Sullivan	
- · · · · ·	(Typed or printed name of person signing)	
Presiden	nt	
	(Title of person signing)	