## P04000166749

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13 DEC 20 PH 2: 20 SECRETARY OF STATE

C. LEWIS

DEC 31 2013

EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corpora			
NAME OF CODPODA	TION: KEY FUM	IIGATION, IN	C.
DOCUMENT NUMBER	Dalla	0016674	<u> </u>
	Amendment and fee are su	bmitted for filing.	
	ndence concerning this ma	•	
Δ	TTN: ERIK W	/ADDENI	
<u>~</u>	TITAL ENIX V		
K	EY 2 PEST C	Name of Contact Person	
<u></u> -		Firm/ Company	<u> </u>
<u>1</u>	885 N LIME A		
S	ARASOTA FI	Address	
	MICAGOTATI	City/ State and Zip Code	
		•	
MAF		UMIGATION.	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
ERIK WARR	EN	at (941	, 951-5399
Name of 0	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address ment Section		Address

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

APPROVEU AND FILED

Articles of Amendment to Articles of Incorporation 13 DEC 20 PH 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORID,

## KEY FUMIGATION, INC.

(Name of Corporation as c	urrently filed wi	ith the Florida Dep	t, of State)		_
P04000166749			·		
(Document	Number of Corpo	oration (if known)	•		_
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statu	tes, this <i>Florida Pro</i>	ofit Corporation add	opts the following	ng amendment(s) to
A. If amending name, enter the new nam KEY 2 PEST CONTR	_				
name must be distinguishable and contain			anv." or "incorpor	rated" or the a	The new abbreviation
"Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "In	c," or "Co". A pr			
B. Enter new principal office address, if		N/A			
(Principal office address <u>MUST BE A STI</u>		Σ)			_
					_
C. Enter new mailing address, if applica		N/A			_
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)			***	-
					_
		<u></u>			_
D. If amending the registered agent and/ new registered agent and/or the new			ida, enter the nam	e of the	
	registered office V/A	address:			
Name of New Registered Agent	<u> </u>				
-		lorida street address)			
New Registered Office Address:	\/A	un uu sireet uuuressy	That is		
<u>New Registerea Office Adaress:</u>		(City)	, Florida_	(Zip Code)	_
Now Dogictored Agent's Signature 16-1-	maina Danista	d Agonts			
New Registered Agent's Signature, if cha	maina weatstele	u Agent:			

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del> </del>	N/A	
Add			
Remove			
2) Change		_	
Add Add			
Remove			
3) Change			
Add			
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4) Change			
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5) Change			
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If an amendment provides for an exch	ange, reclassification	, or cancellation of	issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contair	ed in the amendmen	nt itself:
(y noi appricable, maietale 1971)  A			
<del></del>			

## APPROVEU AND FILED

13 DEC 20 PH 2: 28 The date of each amendment(s) adoption: , if other than the date this document was signed. SECRETARY OF STATE TÄLLAHASSEE, FLORIDA JANUARY 1, 2014. Effective date if applicable: (no more than 90 days after amendment file date) Adoption 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(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 12.17.2014 Signature ERIK D. WARREN (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Erik D. Warren (Typed or printed name of person signing) Director (Title of person signing)