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## COVERLETTER

**TO:** Amendment Section Division of Corporations

: :

NAME OF CORPOI	RATION: JFC Pest Managen	nent, Inc.	
DOCUMENT NUMI	BER:P05000043754		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Elsa Martin		
		Name of Contact Person	1
	<u> </u>	Firm/ Company	
	8400 Baymeadows Way Ste	12	
		Address	
	Jacksonville FL. 32256		·
		City/ State and Zip Code	e
	emartin@turnerpest.com		
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		
Elsa Martin		at ( <u>904</u>	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section		Address Iment Section
Divi	sion of Corporations	Divisio	n of Corporations
	Box 6327 ahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810
1 411.	massee, F12 323 14		assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2021 DEC 17 AM 8: 05

JFC Pest Management, Inc.

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·	of Corporation as currently	filed with the Florida Dept. of State)	STATE FAMILY
P05000043754			· · · · · · · · · · · · · · · · · · ·
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	"orp," "Inc," or "Co". A		viation "Corp."
R. Entar now principal office address	if applieables	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE ROV)	N/A	
(mining utaress <u>star in, arrost s</u>	OI I ICL BOX		
D. If amending the registered agent an	nd/or registered office addra	ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	Troy Fisher		
State of the regarded angular	8400 Baymeadows Way Sto	: 12	
	(Florida stree		
Var. Danisan (I/M) I I	Jacksonville	. Florida <sup>32</sup>	256
New Registered Office Address:		Cuyi	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	tale of the second of the second of the second	
I hereby accept the appointment as regist	orea agent1 am jamutar w. A	ин апа ассері те овиданотѕ ој те роѕі	uon.
	ML		
<del></del>	Signature of New Re	gistered Agent, if changing	<del></del>
Check if applicable	V		

 $\square$  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, Mtke 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 PΤ John Doe X Remove V Mike Jones SV<u>X</u> Add Sally Smith Type of Action Title Name <u>Addres</u>s (Check One) 2600 Woodcote Terr Karcher, Donald U. IV 1) \_\_\_\_ Change Palm Harbor, FL 34685 \_\_\_\_\_ Add Remove D LAMM, TIMOTHY 8400 Baymeadows Way Ste 12 2) \_\_\_\_ Change Jacksonville FL, 32256 \_ Add Remove 3 ) Change VPST MILLER, CYNTHIA R. 9114 Callaway Dr Trinity, FL 34655 \_\_\_\_ Add Remove MARTIN, ELSA 8400 Baymeadows Way Ste 12 4) \_\_\_\_ Change Jacksonville FL, 32256 $\Delta dd$ \_\_ Remove VΡ MILLER, FRANK A 9114 Callaway Dr 51 \_\_\_\_ Change Trinity, FL 34655 \_\_\_ Add Remove FISHER, TROY 8400 Baymeadows Way Ste 12 6) \_\_\_\_ Change Jacksonville FL, 32256 \_\_ Add \_\_\_\_ Remove

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)

Example:

Please note the officer director title by the first letter of the office title:

 $P = President; V \in Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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</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>	Name	<u>Addres</u> s
1) Change	D	Garrison, Leanne C	11216 Ragsdale Ct
Add			New Port Richey, FL 34654
X Remove 2) Change	P	DREWRY, PAUL	8400 Baymeadows Way Ste 12
X Add			Jacksonville FL, 32256
Remove 3 ) Change	D	Krauss, Kristine A	11148 Tayport Loop
Add			New Port Richey, FL 34654
X Remove			<del> </del>
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Add			
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f an amendment provides for an excl	nange, reclassification.	or cancellation of issi	ied shares.	
provisions for implementing the ame	ndment if not containe	ed in the amendment i	tself:	
(if not applicable, indicate N A)				
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	12 14 2021	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other th:
Effective date <u>if applicable</u> :		
	tho more than 90 day.	s after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart		statutory filing requirements, this date will not be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was were adopted action was not required.	I by the incorporators, or board	of directors without shareholder action and shareholder
The amendment(s) was-were adopted by the shareholders was/were suffici-		nber of votes east for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		
"The number of votes cast for t	he amendment(s) was/were suf	ficient for approval
by	· .	· · ·
	(voling group)	
Dated	1/ic1)	-
(By a difector selected, by appointed ti	an incorporator – if in the hand iduciary by that fiduciary)	if directors or officers have not been ds of a receiver, trustee, or other court
	Typed or printed name	
$\bigvee_{i}$	Typed or printed name	of person signing)

(Title of person signing)

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