P05000141572

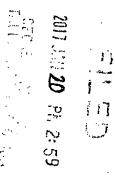
(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Naı	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



900293034449

12/15/16--01004--006 **35.00



Amend

JAN 2 0 2817 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: PELLECRINO PESE CONTROL FUC.				
DOCUMENT NUMBER: 405000141572				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Anthony Pellegrino Name of Contact Person Pellegrino Yest Control Inc. Firm/Company 6453 Terra Rosa Circle Address Boynton Beach, FC 33472 City/State and Zip Code 4 Pell & Bell South, Net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Joseph Peutorino at Jol 254-1407 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2016

ANTHONY PELLEGRINO PELLEGRINO PEST CONTROL INC 6453 TERRA ROSA CIRCLE BOYTON BEACH, FL 33472

SUBJECT: PELLEGRINO PEST CONTROL INC.

Ref. Number: P05000141572

We have received your document for PELLEGRINO PEST CONTROL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete and submit the document in its entirety as page 1 and 3 are missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 616A00026767

T JAN 20 FM 1: 48

ONYISION OF CORPORATIONS
TALL AMASSFE, FLORIDA

Articles of Amendment to

Articles of Incorporation

PEUEC	RINO Pest Contr	OL, FNC.		
(Name of Corp	oration as currently filed with the Flo	rida Dept. of State)		
<u> </u>	05000141572			
(D	Document Number of Corporation (if known	own)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Profit Corp	poration adopts the followi	ng amendment	:(s) to
A. If amending name, enter the new name of t	he corporation;			
			_The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "oword "chartered," "professional association," of the contained of t	Corp," "Inc," or "Co". A profession or the abbreviation "P.A."	· incorporated or the d al corporation name must	contain the	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET				
		~~~.	21	
C. Fatou nov. moiling address if annicable.		<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICIAL)	<u>E BOX</u> )			
		1.0	20	
	<del></del>		70 11	
	<del></del>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	الراسي.	
D. If amending the registered agent and/or re-		er the name of the 🚐 .	59	
new registered agent and/or the new regist	ered office address:	<b>1</b>		
Name of New Registered Agent	HNEHONY PELLEC	3RLNO	-	
	(Florida street address)		<del></del>	
New Registered Office Address:		, Florida	<del>_</del>	
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		obligations of the position.		
/ wy a	Signature of New Registered Agent, if o	changing	<del>-</del>	

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
<u>X</u> Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Joseph A. Peccessino	6453 TERRA ROSA CIR BOUNTEN BORCH, FC 33472
Add Remove			BOWNEN BOKH, FC 33472
2)Change	P	ANTHONY PECCECRINO	6453 TERRA ROSA CIR BAYNTON BEACH, FL 33472
Remove			
3)Change			
Add			
Remove		·	
4) Change	<del></del>	<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		,	

Attach additional sheet	additional Article	es, enter change	(s) here:		
	s, if necessary). (	(Be specific)	1		
			1 .		
<del>:</del>	<u> </u>				
XII	+		······································		
<del></del>	<del>1</del>		<del>. ,</del>		
			<del></del>	·	
		····			
				<del>=</del>	
<del></del>				·	
					<del></del>
				<del></del>	
f an amendment prov	ides for an eychan	ne reclassificat	ion or cancellation	n of icenad charge	
provisions for impler	tenting the amend	ment if not con	tained in the amend	lment itself:	
/:C 1:					
(ij noi applicable,		N/A			
(ij noi applicable,		<u> </u>			
(ij noi applicable,					
(ij noi applicable,		•			
(ij noi applicable,					
(ij noi applicable,					
(IJ noi applicable,					
(ij noi applicable,					
(ij noi applicable,					
(ij noi applicable,					
(IJ noi applicable,					
(IJ not applicable,					
(IJ noi applicable,					

The date of each amendment(s) adoption:date this document was signed.	12/12	16	, if other than the
Effective date if applicable:	a mana than 00 Hana	after amendment file dat	a)
(n	o more inan 90 aays	ajter amenament jue aad	2)
<b>Note:</b> If the date inserted in this block does not not document's effective date on the Department of State		tatutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for appr		er of votes cast for the an	nendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes cast for the amendm	ent(s) was/were suffi	cient for approval	
by(voting		,,,	
(voting	group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	rd of directors withou	ut shareholder action and	shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without sh	areholder action and share	eholder
Dated 12 12 15			
Signature	es Pelles	pens	
(By a director, presiden		directors or officers have	
selected, by an incorpo appointed fiduciary by		s of a receiver, trustee, or	other court
appointed inductary by	mai nduciary)	•	
Joseph	h PELLE	(分€100 of person signing)	
(Tyr	ed or printed name of	of person signing)	
,	Vice Fre	sident	
	(Title of pers	on signing)	•

. . . . .