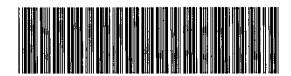


(не	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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JUL 13 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ACE PRO	PERTY INSPE	ZTION FEXTERMINATING SERVICES, IN
DOCUMENT NUMBI	ER: P0600010S	406	SERVICES, IN
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
- A	LIBERTAD to Property In	Name of Contact Person	sterninating Services Inc
•			oterminating Services, Inc
	10871 SW	188 St 7	#8
_		Address	
	MIAMII,	PL 33157	
_		City/ State and Zip Cod	e
<u></u>	E-mail address: (to be us	Seed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Libertad	Vega-Pulle	a(<u> </u>	2425055
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
	ing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. 1	Box 6327	Clifton	Building
Talla	hassee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

	f Corporation as currently f		
_	0000105 406	hel	· ·
1 00	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>Fla</i>	orida Profit Corporation 2	adopts the following amendment(s
A. If amending name, enter the new nat	me of the corporation:		
ACE PROPERT	4 INSPECTION	us Co.	The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp." "Inc," or "Co	". A professional corpor	porated" or the abbreviation
B. Enter new principal office address, i (Principal office address <u>MUST BF. A ST</u>			
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>			
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the na	me of the
Name of New Registered Agent			
	(Florida street	address)	
N D : 4 1000 411	(* 10.774, 52.05)		ri. da.
New Registered Office Address:	(C	ity)	_, Florida (<i>Zip Code</i>)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		h and accept the obligatio	ns of the position.
	Signature of New Reg	istered 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>	Name	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>	_	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
		,	
f an amendment provides for an excl	anga malagaifigation on	concellation of issued s	honos
provisions for implementing the ame	ndment if not contained i	n the amendment itself:	nai es,
(if not applicable, indicate N/A)			
		. ,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file da	
(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendments.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	ureholder
Dated 7-6-2017	
Signature VIII	
(By a director president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	
LIBERTAD VEGA-PULLE	\$
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	