

P100000 29131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

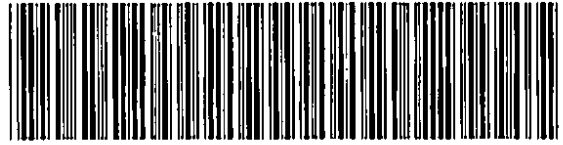
(Business Entity Name)

(Document Number)

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AUG 30 2018

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18 AUG 30 AM 6:39
2018

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

JESSICA LAGARA
EVICT-A-BUG TERMITE & PEST CONTROL INC.
4293 SW HIGH MEADOW AVE
PALM CITY, FL 34990

SUBJECT: EVICT-A-BUG TERMITE & PEST CONTROL INC.
Ref. Number: P10000029131

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR LETTER A, THERE ARE NO APPARENT CHANGES TO THE ENTITIES NAME. PLEASE REMOVE FROM LETTER A AND PLACE ENTITY NAME AT THE TOP OF THE PAGE.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00017395

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18 AUG 30 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Exict-A-Bug Termite & Pest Control Inc.
DOCUMENT NUMBER: P10000029131

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Lwara
Name of Contact Person
Exict-A-Bug Termite & Pest Control Inc.
Firm/ Company
4293 SW High Meadow Ave
Address
Palm City FL 34990
City/ State and Zip Code
Exictabug.Jessica@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Lwara at (772) 406 0103
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
☐ \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Evict-A-Bug Termite & Pest Control, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

Page 1 of 4

Page 2 of 4

(Attach additional sheets, if necessary). (Be specific)

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(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable:

August 17, 2018

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

by _____."
(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

8/17/18

Signature

(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)

Jessica Lwaga

(Typed or printed name of person signing)

President

(Title of person signing)