0044622 1 of 2 Division

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037

Phone

: (954)532-3842

Fax Number

: (954)532-3847

Ethe email address for this business entity to be used for future 'annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN IDEA DESIGN AND COMMUNICATION, INC

| Certificate of Status | 0 |
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AUG 1 7 2015

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: LDEA DESIGN AN | ND COMMUNICATION, I | NC | |
|---------------------------|--|--|--|--|
| DOCUMENT NUMB | P10000044622 | | | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | | |
| Please return all corresp | condence concerning this mat | ter to the following: | | |
| • | CARLOS M MARQUES | | | |
| - | | Name of Contact Person | | |
| 1 | EAGLE TAX REPRESENTATION, CORP | | | |
| - | | Firm/ Company | | |
| : | 5493 WILES ROAD STE 10 | 5 | | |
| - | | Address | | |
| , | COCONUT CREEK, FL 330 | 73 | | |
| • | | City/ State and Zip Code | | |
| | Oceals to a com | | | |
| paulot | Zeagle-tax.com | sed for future annual report | notification) | |
| | E-man address. (w ne us | en for infine animal report | nonneatton/ | |
| For further information | concerning this matter, pleas | se call: | | |
| | , | • | | |
| Paulo Oliveira | | at (| | |
| Name o | f Contact Person | Area Cod | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | riment of State: | |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43,75 Filing For & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Ame Divi P.O. | ing Address adment Section sion of Corporations Box 6327 shassee, FL 32314 | Amend Divisio Clifton 2661 E | Address the transfer of Corporations Building Executive Center Circle assec, FL 32301 | |

Articles of Amendment Articles of Incorporation

| . | Ø 0003/0006 |
|--|--|
| 2015 9:07 AM FAX | |
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| Articles of Am | |
| Articles of Inco | rporation 💘 📜 🖰 |
| 1DEA DESIGN AND COMMUNICATION, INC | rporation S |
| | filed with the Florida Dept. of State) |
| P10000044622 | The second control to a second control |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation: | dorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: GREEN IDEA PEST CONTROL SERVICES, INC | |
| name must be distinguishable and contain the word "corporation, | " "compared" or "Incorporated" or the appropriation |
| "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 18873 Cloud Lake Circle |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Воса Raton, FL - 33496 |
| | |
| | |
| C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) | 18873 Cloud Lake Circle |
| (1.544.11) | Boca Raton, FL - 33496 |
| | |
| | |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| | |
| Name of New Registered Agent | |
| (Florida stree | rt address) |
| New Registered Office Address: | , Florida |
| The Method to Short Men and | City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent. I am familiar w. | ith 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 Salty Smith, SV as an Add.

| X Change | PI | John Dog | |
|----------------------------|---------------|-------------------|-------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | SV | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | D | Antonio R. Lima | 18873 Cloud Luke Circle |
| X Add | | | Boca Raton, FL - 33496 |
| Remove | | | |
| 2) Change | D | Viviani M.M. Lima | 18873 Cloud Lake Circle |
| X Add | | | Bocs Raton, FL - 33496 |
| Remove | | | |
| 3)Change | | | |
| | | | |
| Remove | | | |
| 4)Change | | | |
| | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6)Change | - | | |
| Add | | | |
| Remove | | | |

| | cles, enter change(s) here: (Be specific) |
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| provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | namee, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | namee, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | namee, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | namee, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | namee, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the ame (if not applicable, indicate N/A) | namee, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the ame | namee, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |

08/14/2015 9:07 AM FAX

| The date of each amendment date this document was signed | | , if other than the |
|--|---|-----------------------------|
| - | 08-12-2015 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in document's effective date on the | this block does not meet the applicable statutory filing requirements, this date to Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval. | |
| ☐ The amendment(s) was/wer must be separately provide | re approved by the shateholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s): | 11 |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder | |
| 08-1 Dated | 12-2015 | |
| Signature X | Mysuconnes | |
| (É | y a director, president or other officer—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | Carlos M Marques | |
| | (Typed or printed name of person signing) | |
| | Vice President | |
| | (Title of person signing) | |