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SCORGARY OF STATE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: SIGNATURE HO	ME LAWN & PEST CONT	TROL, INC.	
DOCUMENT NUMB	P10000097070			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	KEVIN RINALDO			
-		Name of Contact Person	1	
-		Firm/ Company		
	8147 DREW ST			
		Address		
	ENGLEWOOD, FL 34224			
		City/ State and Zip Code	c	
mark@	markknaufepa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
KEVIN RINALDO		at (	650-0677	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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

## Articles of Amendment to Articles of Incorporation of

SIGNATURE HOME LAWN & PEST CONTROL, INC.		FHED
(Name of Corporation as	s currently filed with the Florida De	ept. of State)
P10000097070		.2019 NOV -8 ₱ ₱ 59
(Document	Number of Corporation (if known)	₹// ===================================
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	tutes, this Florida Profit Corporation	
A. If amending name, enter the new name of the corpor	ration:	;
		The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abb	Inc," or "Co". A professional corpe	porated" or the abbreviation pration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the n ce address:	ame of the
Name of New Registered Agent		<del>-</del>
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	red Agent:	
Signatur	e of New Registered Agent, if changin	<u> </u>

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>	<u>Name</u>	<u>Addres</u> s		
1) Change	V	MIKE RINALDO	8152 DREW ST		
Add			ENGLEWOOD. FL 34224		
Remove			· · · · · · · · · · · · · · · · · · ·		
2) Change					
Add					
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
<del></del>					
6) Change					
Add					
Remove					

	ts, if necessary).	(Be specific)			
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
11/05/20 Dated	9	
17a1cu		
Signature	handfall	
selec	director, president or other officer – if directors or officers have not been used, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	KEVIN RINALDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>