P11000010747

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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A. Butler

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: _ BUGS OR US PEST CONTROL INC

DOCUMENT NUMBER: P11000010747

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

Please return all correspondence concerning this matter to the following:

BOBBY FARMER

Name of Contact Person

BUGS OR US PEST CONTROL INC

Firm/ Company

542747 US HIGHWAY 1

Address

CALLAHAN, FL. 32011

City/ State and Zip Code

BFARMER100@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>904</u>) <u>879-3971</u> Area Code & Daytime Telephone Number BOBBY FARMER Name of Contact Person

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

□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BUGS OR US PEST CONTROL INC

(Name of Corporation as curren	uly filed with the Florida Dépt?bfState52 PH 3: 29
B11000010313	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	
N. If amending name, enter the new name of the corporation:	
	TheThe
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". "chartered," "professional association." or the abbreviation "P.A	A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u>	542747 US HIGHWAY 1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CALLAHAN, FL 32011
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u>)	542747 US HIGHWAY 1
	CALLAHAN, FL. 32011
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre Name of New Registered Agent	<u>ss:</u>
(Florida s	street address)
tFlorida s New Registered Office Address:	

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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:

John Doe

PŦ

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 Doc 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	
X Change	

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<u>X</u> Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	<u>Sally Smith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	TONY DENT	45077 CLEMMONS ROAD
XAdd			CALLAHAN, FL 32011
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_	<u> </u>	
Add			
Remove			

Attach additional she	i <mark>ng additional Artiel</mark> eets, if necessary).	(Be specific)	<u>. </u>		
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lf an amendment or	ovides for <u>an ex</u> chai	nge, reclassificat	ion, or cancellatio	n of issued shares.	
provisions for impl	lementing the amend	<u>dment if not cont</u>	ained in the amen	dment_itself:	
(if not applicabl	le, indicate N/A)				
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The date of each amendment(s) adoption: ____

date this document was signed.

SEPTEMBER 28, 2021

Effective date if applicable:

(no more than 90 days after amendment file date)

, if other than the

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- □ 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

6 cby _ (voting group)

SEPTEMBER 28, 2021

Dated Signature in

(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)

BOBBY FARMER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)