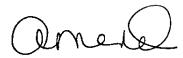
P11000034363

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
i		

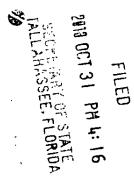
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: DOCUMENT NUMBER:	4 All	1 Seasons	Pest	Control, Inc.			
DOCUMENT NUMBER:	P1100	0034363	•				
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence	4						
	Andrew	Name of Contact					
	e. I	Name of Contact	Person				
	hepard S	mith + Cas	ssady	PA			
	1 - ,	Firm/ Compa	any				
230	00 Maitlan	d Contr Pa	sleway,	PA Suite 100			
	Ma	illand, FC	3275	1			
	•	City/ State and Z	ip Code				
	aharde	steparel firm.	Com				
E-ma		sed for future annual		ication)			
For further information concerning	ig this matter, pleas	se call:					
$\mathcal{M}_{\mathcal{M}}$				16			
Modraw Ma	ner	at (רכ 	463-7025			
Name of Contact	Person	А	rea Code &	Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:							
_	3.75 Filing Fee & tificate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)	y is (\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Addre	Street Address						
Amendment Se	Amendment Section						
Division of Co P.O. Box 6327	Division of Corporations						
Tallahassee, FI			Clifton Building 2661 Executive Center Circle				
	·	Tailahassee, FL 32301					

Articles of Amendment

	Articles of Amendment to	of real state
	Articles of Incorporation	,
4 All	Seasons Pest Control.	FILEÐ
(Name of Corporation as cu	rrently flied with the Fiorida Dept. of S	MC-2813 OCT 3 PM 4: 16
P 110	0000 34363	_OEOdinate OF STATE
	umber of Corporation (if known)	── ──────────────────────────────────
nursuant to the provisions of section 607.100 s Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(s
. If amending name, enter the new name	of the corporation:	
		The new
Corp.," "Inc.," or Co.," or the designation or d"chartered," "professional association. Enter new principal office address, if applicable of the common of	pplicable: EET ADDRESS)	onal corporation name must contain the
(Mailing address MAY BE A POST OF) If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, e	nter the name of the
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
New Registered Office Address:		, Florida
	(Ciṇ)	(Zip Code)
lew Registered Agent's Signature, if chan hereby accept the appointment as registered	ging Registered Agent: dagent. I am familiar with and accept to	he 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 Sally Smith, SV as an Add.

<u>X</u> Chяпge	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
I)Change	P/S Thomas lversen	4854 Distribution Court
Add	·	Suite 8
Remove		Orlando, FL 32822
2) Change	VP/T Derek Brigman	4854 Distribution Com
Add		Suite 8
Remove		Orlando, PC 32822
3) Change		
Add		***************************************
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Demove		

<u>If amendin</u> (Attach <i>ada</i>				, enter chян le specific)	ge(s) here	:			
Preem	plie 1	lights A m	are	granted	to	Share!	holders 19, 20	pes	He
ame	nolments	thech),	- CO CP &		ugnst	- (, 20	'(> _@\	o Gw
									•
		······································							
provision		menting th	e amendu				on of issued adment itsel		
<u></u>									

The date of each amendment(s) adoption: 8/19/2013 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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.	
Dated8-27-13	
Dated 8-27-13 Signature home Messa	
(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)	
Thomas W Iversen (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	