## P11000093633

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	CountyWide Pest l	Management Solu	tions Inc	
DOCUMENT NUM	P11000093633 IBER:	<u> </u>		
The enclosed Article	s of Amendment and fee are so	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following	ng:	
	Gabriel Hernandez			
		Name of Cont	act Person	n
	CountyWide Pest Manageme	ent Solutions Inc		
		Firm/ Cor	npany	
	1510 Sw 193 Terrace		•	
		Addre	SS	
	Pembroke Pines H 33029			
		City/ State and	Zip Cod	e
gabi	rielh@countywide-pest.com			
<del></del>	E-mail address: (to be u	sed for future ann	ual report	notification)
	·		•	,
For further information	on concerning this matter, pleas	se call:		
Gabriel Hernandez			954	436-3688
Name	at (	Arms Co	de & Daytime Telephone Number	
Nume	e of Contact Person		Mea Co	de de 17ay diffe Telephone (vanise)
Enclosed is a check f	for the following amount made	payable to the Flo	rida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional copenciosed)	py	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M:</u>		Street	Address	
An	nendment Section	Amendment Section		
Di	Division of Corporations			
P.C	Clifton Building			
Та	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CountyWide Pest Management Solutions Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P11000093633 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) . Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with 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 Sally Smith, SV as an Add.

<u>X</u> Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Elizabeth Lopez	3816 Oak Ridge Cir
Add			Weston Fl 33331
X Remove			
2) Change			<u> </u>
Add			
Remove			· ··
3 ) Change	<del></del>	-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		<del></del>
Add			
Remove			
6)Change			
Add			
Remove			

an amendment provides for an exchange, provisions for implementing the amendment (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	reclassification, or cancellation of issued shares,
	nt if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
<del></del>	

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date was bepartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved 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 cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
July 16th.	2018	
Dated	<u>-i b</u>	
Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Gabriel Hernandez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	