## P12000018033

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## **COVER LETTER**

1 1

O: Amendment Section Division of Corporations
AME OF CORPORATION: J & N Distributors Inc
OCUMENT NUMBER: P12000018033
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Alejandro Kaba
Name of Contact Person
Kaba Consulting Inc
Firm/ Company
1655 E Hwy 50 Suite 203
Address
Clermont, FL 34711
City/ State and Zip Code
angela@kabaconsulting.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Alejandro Kaba at 352 243-8460
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$ Filing Fee    □\$ Filing Fee & □\$ Filing Fee & □\$ Filing Fee Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

J & N Distributors Inc	
(Name of Corporation as currently filed wit	h the Florida Dept. of State)
P12000018033	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amenda
A. If amending name, enter the new name of the corporat	ion:
AB Bugs Pest Control Inc	The ne
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contain to
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS	)
C. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	11/4
D. If amending the registered agent and/or registered office and/or the new registered agent and/or the new registered office a	
Kaha Cons	
Nume of New Registered Agent	
	y 50 Suite 203
	orida street address)
New Registered Office Address: Clermont	, Florida 347 11
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. Fam Jo	miltier with and accept the obligations of the position.
	/ \
Signature of New Régi	istered 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove					
2) Change					
Add		_		•	
Remove					
3) Change					
Add				·	
Remove					
A) GI					
4) Change					
Add Remove					No.
5) Change					
Add					
Remove					
6) Change					
Add		-			
D					

If amending or adding additional (Attach additional sheets, if necess	Articles, enter cha cary). (Be specific)	nge(s) here:		
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If an amendment provides for an provisions for implementing the (if not applicable, indicate N.	e amendment if not o	ication, or cance contained in the	llation of issued s amendment itself:	hares,
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: U7/30/2012
Effective date <u>if applicable</u> :	07/30/2012
<u></u>	(no more than 90) days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated_07/	30/2012
Signature	antri Bureno
Se	By 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 popointed fiduciary by that fiduciary)
	Antonio Barreiro
	(Typed or printed name of person signing)
	President
	(Title of person signing)