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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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C. CARROTHERS

COVER LETTER

Division of Corporations			
NAME OF CORPORATION:	BUGZINGA	PEST SOLUTIONS	loc-
DOCUMENT NUMBER:	P130000 34	862	
The enclosed Articles of Amend	ment and fee are su	ıbmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
***	Λ	Name of Contact Person	
		Bugzinga Pest Soia. Firm/Company	
	577.	3 SE WINGONG LA	<u> </u>
·	S1	City/ State and Zip Code	
		51 SOLUTIONS Q YAHOO sed for future annual report	notification)
For further information concerning.	ng this matter, plea	se call:	
MARC WHITE	, , , , , , , , , , , , , , , , , , ,	at (772	_631-5962
Name of Contact			de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	irtment of State:
	3.75 Filing Fee & tificate of Status	□\$43.75 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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

BUGZINGA PEST SOLUTIONS INC.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
<u> </u>	
(Document Number of Corporation (if)	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Section 1
BUGZINGA PEST CONTROL INC.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional Association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation to". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable:	5773 SE WINDSONG LU
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STUART FZ 34997
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5773 SE WINDSONG LN
	5773 SE WINDSONGLN STURRY, FE 34997
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Registered A	gent, 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:	ana san	ry oman, or as an riad.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		letter of ignied abous
If an amendment provides for an exch provisions for implementing the ame	ange, rectassification, or cancel and ment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : 10-22-14 (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.	
Dated 10-22-14	
Signature May White	
(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)	_
MARC WHITE (Typed or printed name of person signing)	_
PRESIDENT (Title of person signing)	_