# P13000052907

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SEP 2 0 2013

T. BROWN

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ELITE MOS BER: P1300005290	SQUITO PROTE 7	ECTION				
	of Amendment and fee are sul						
		_					
Please return all corres	spondence concerning this mat	ter to the following:					
	JUAN CARLOS (	ONZALEZ					
	Name of Contact Person						
	<b>ELITE MOSQUIT</b>	O PROTECTIO	N				
		Firm/ Company					
6316 NW 173RD STREET							
	Address						
	MIAMI LAKES, FI	L 33015					
		City/ State and Zip Code	2				
YA	NKEE02@LIVE.C	ОМ					
		ed for future annual report	notification)				
For further information	n concerning this matter, pleas	e call:					
JUAN C GOI	NZALEZ	<sub>at (</sub> 786	, 312-2446				
Name of Contact Person Area Code & Daytime Telephone Numb							
Enclosed is a check fo	r the following amount made p	pavable to the Florida Depa	urtment of State:				
. 1							
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$\square\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
<u>Mai</u>	ling Address	Street	Address				
Ame	endment Section	Amendment Section					
	sion of Corporations Box 6327	Division of Corporations Clifton Building					
	ahassee, FL 32314		xecutive Center Circle				
1 411			ssee, FL 32301				

### Articles of Amendment Articles of Incorporation

13 SEP 12 PM
13 SEP 12
13 SEP 12 PM 3: 45

#### ELITE MOSQUITO PROTECTION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000052907

(Document Number of Corporation (if known)

ment(s) to

A. If amending name, enter the new name ELITE MOSQUITO CONTF		The
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "Co". A profession	"incorporated" or the abbrev
B. Enter new principal office address, if a) (Principal office address MUST BE A STRE		
	<del></del> ,	
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OFF</u>		
D. If amending the registered agent and/or new registered agent and/or the new re		er the name of the
Name of New Registered Agent		<del></del>
		<del></del>
<u> </u>	(Florida street address)	
New Registered Office Address:	(Florida street address) (City)	, Florida(Zip Code)

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add	-	_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ach <i>additional sheet</i>	additional Articles, if necessary). (	Be specific)			
	••				
				<del></del>	
		<del></del>	<del></del>		
n amendment prov	ides for an exchai	ige reclassificatio	n or cancellation	on of issued share	e.
ovisions for implen	nenting the amend	ment if not conta	ined in the ame	ndment itself:	<u> </u>
(if not applicable,	indicate N/A)	mon tonta	inca in the anie	Idilloit Itselli	
(y approximate)	***************************************				
				4	
		•			
<del> </del>	<del>_</del>	·	·	·	
-					
			. =		

The date of each amendment(s) add date this document was signed.	option:	, if other than th
Effective date if applicable:		
Enecuve date it applicable:	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 8/30/2	2013	
Signature(By a chi selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	_
,	JUAN C GONZALEZ	
_	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	<del></del>