## P16000082515

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## COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: EAST COAST PEST CONTROL, IA  DOCUMENT NUMBER: P16000082565	JC
DOCUMENT NUMBER: P 160000 82565	
The enclosed Articles of Amendment and fee are submitted for filing.	o N
Please return all correspondence concerning this matter to the following:	ري. مور دور
IYAN CUENCA	1
Name of Contact Person	
EAST COAST PEST CONTROL, INC Firm/Company 8801 West ATGNAC Blud	•
Firm/ Company	
8801 West ATGNAC Blud	
Address	
CORAL SPMY95 FL 33077	
City/ State and Zip Code	
CORIAL SPMY95 FL 3307)  City/ State and Zip Code    Ce blve8@ Hotmail.com   E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
IVAN CUENCA =1,954, 4797739	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address Street Address	

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of	, p. 7, a.u.v.ii
EAST COAST PEST	
_	filed with the Florida Dept. of State)
P160000823	5765
(Document Number of	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The state of the s
name must be distinguishable and contain the word "corporation,	The new
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	IVAN CUENCA
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	8801 West ATLANTIK BLUC
	CORAL Springs, FL 3307
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 addresses registered agent and/or the new registered office address:	
Name of New Registered Agent TYAN C	UEN CA
8801 West A	+Tlautic Blud
(Florida stree	_
New Registered Office Address: COLAU S	Prungs, Florida 330 )) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	vistered Avent, 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Cuen (A, Florencia	8801 west Atlanticustin
Add			Colul Spring, FL 33077
Remove			
2) Change	P	COENCA, IVAN	Colal Spring FL 3307
Add			CORMI STUNG ITC 3301
Remove			
3) Change	-	<del></del>	
Add			
4) Change		-	
Add			
Remove			
5) Change		-	<del></del>
Add			<del></del>
Remove			
6) Change			
Add			<del></del>
Remove			

ach additional sheets, if n	ecessary). (Be spec	cific)	1	_	λ.	
CUENCA	IUAN	will	be	100	0/0_	OWVEL
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n amendment provides to ovisions for implementing the contraction of	for an exchange, rec	<u>classificatio</u> f.not.conta	n, or cancelland	ation of iss	ued share itself:	<u>es,</u>
(if not applicable, indica		i not coma	med m the ar	in name in	11.5011.	
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The date of each amendment(s) adoption: 13 February 2017 date this document was signed.	, if other than the
Effective date if applicable: 20 February 2019  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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.	
Signature  (By adjrector, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	