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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
		
Special Instructions to	Filing Officer:	
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AUG 23 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Pest DOCUMENT NUMBER: 917(Pro USA INC.	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Post Roll 136 40 W With G E-real address: (to be us	Name of Contact Person SAINC Firm/ Company COLONIAL DE SUITE Address CIRCLE F 34787 City/ State and Zip Code SOCORD DET Sed for future annual report notification)	_ _ _120 _
For further information concerning this matter, pleas	se call:	
Name of Contact Person Enclosed is a check for the following amount made	at (32) 201-9773 Area Code & Daytime Telephone Nur) mber
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

20/9 Alin ED

Art	icles of Incorporation of ACCOST
Aston USA T	of Allanda Aylina
(Name of Corporation :	as currently filed with the Florida Dept. of State)
P1700001137	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	pration:
Hornetz INC.	The new
name must be distinguishable and contain the word	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	Soite 120
	Wister Garden, Fl 34787
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13640 W. Colonial Dr.
	Svite 120
	Winter Garden F1 34987
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature if changing Registe	ared Amont:

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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	AM	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
, 8 Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

THE RESIDENCE	nal sheets, if necessary). (Be sp	== g **\/		
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an amendm	ent provides for an exchange, re	eclassification, or can	cellation of issued s	hares,
rovisions fo	implementing the amendment	if not contained in th	e amendment itself	<u>:</u>
(if not ap	plicable, indicate N/A)			
	MA			
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-				

The date of each amendment(s) adoption: 8/15/18 date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 he 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	
bv"	
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 8/15/18	
Signature	
(By a director, product of 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 (iduciary by that fiduciary)	
DOR O. BERNIER	
(Typed or printed name of person signing)	
Poesident	
(Title of person signing)	