P18000046067

(Re	questor's Name)	_
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations AllStAR PEST CONTROL SERVICES, INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STAR PEST CONTROL SERVICES INC Buttermilk LN
Address Orange FL 32129
City/State and Zin Code a NN ING (a) earth Link Net For further information concerning this matter, please call: CRAINS FON at (386) 453 - 4027

ame 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

MISTAR POST COM	of Socures TNG.	٠ ا
(Name of Corporation	on as currently filed with the Florida Dept. of State)	
0/80000 46067		્રેક જ
(Docum	ent Number of Corporation (if known)	
	Statutes, this Florida Profit Corporation adopts the following	in a amondmont(a) t
its Articles of Incorporation:	Statutes, tills Ftoriaa Froja Corporation adopts the follows	ng amendment(s) ti
A. If amending name, enter the new name of the co	rporation:	
A. 11 amending hame, enter the new hame of the Co.	rporation.	
name must be distinguishable and contain the word	d "corporation," "company," or "incorporated" or the a	The new
"Corp.," "Inc.," or $Co.$," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A professional corporation name must	contain the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
		
C. Enter new mailing address, if applicable:	W)	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>		
D. If amending the registered agent and/or register	ad office address in Florida, enter the name of the	
new registered agent and/or the new registered (
Name of New Registered Agent		
rume typicar negation earligeria		_
	(Florida street address)	_
N	·	
New Registered Office Address:	, Florida, (City) (Zip	Code)
		,
New Registered Agent's Signature, if changing Regi		
i nereny accepi ine appoiniment as registered agent.	l am familiar with and accept the obligations of the position.	
<u> </u>		_
Signo	ature 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 D	<u>oe</u>				
X Remove	<u>v</u>	Mike Je	<u>ones</u>				
X Add	<u>sv</u>	Sally S					
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change	P		LiesyL	M. CE	ANSTON	1149 Buttermilk	LA
Add Remove						1149 Buttermilk Port OrangeFL 32129	•
2) Change	P	· -	DAUID	B. Cla	<u>~~</u> 56~	<u></u>	
Add Remove							
3) Change		_					
Remove 4) Change							
Add Remove							
i) Change	_	_		 			
Add							
) Change Add		_					
Remove							

Attach additional sheets, if necessary).	(Be specific)			
		······································		
				
				
		-		
	·· -			
		_ -		
		··· — ·— ·		
f an amendment provides for an exc	hange, reclassificat	ion, or cancellation	on of issued share	<u>s,</u>
provisions for implementing the ame	endment if not cont	ained in the amer	ndment itself:	
(if not applicable, indicate N/A)				
				
				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no mor	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	te applicable statutory filing requirements, this date will not be listed as theords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	
"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 caction was not required.	irectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	ors without shareholder action and shareholder
Dated 10/25//3	<u>7</u>
Signature Due B.	Des
	her officer – if directors or officers have not been
selected, by an incorporator - appointed fiduciary by that fi	if in the hands of a receiver, trustee, or other court
appointed inductary by that it	ductary)
DAUID	B. CRANSTON
(Typed or	printed name of person signing)
Opos	li prod

(Title of person signing)