Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Fax Number : (214)317-4754

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To: 18506176380 From: 14694451465 Date: 05/07/19 Time: 9:06 AM Page: 02/06
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May 1, 2019

FLORIDA DEPARTMENT OF STATE

QUALITY PEST CONTROL SERVICES, INC. 13530 SW 20TH ST MIRAMAR, FL 33027

SUBJECT: QUALITY PEST CONTROL SERVICES, INC

REF: P18000048241

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H19000134521 Letter Number: 719A00008717 To: 18506176380 From: 14694451465 Date: 05/07/19 Time: 9:06 AM Page: 03/06

(((H19000134521 3)))

Articles of Amendment to Articles of Incorporation of

urently filed with the Flori	da Dept. of State)
s, this Florida Profit Corpor.	ation adopts the following amendment(s) is
on;	
	The new incorporated" or the althreviation ocperation name must contain the
N/A	
N/A	17
-	= C
************	5
address in Florida, enter tl dress:	ic name of the
da street address)	
	N.A
(Ciji)	(Zip Code)
gent: liar with and accept the oblig	auons of the position
	mber of Corporation (if knows, this Florida Profit Corporation, " "company," or "or "Co". A professional orition "P.A. N/A N/A Address in Florida, enter the dress;

To: 18506176380 From: 14694451465 Date: 05/07/19 Time: 9:06 AM Page: 04/06

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)

Pleasa 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 = Clief Executive Officer; CFO = Clief 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.

X.Change	<u>D.I.</u>	<u>John Doe</u>	
X Romove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	$\underline{S}\underline{V}$	Sally Smith	
Type of Action (Check One)	<u>. Lille</u>	Name	Addr <u>es</u> s
D N/A Change		_	
Add			
Remove			
2) N/A Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove 3.) N/A Change			
Add			
4) N/A Change			
Add			
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n N/A Change	·· ······		
Add			
Remove			Company of the compan

To: 18506176380 From: 14694451465 Date: 05/07/19 Time: 9:06 AM Page: 05/06

(((H19000134521 3)))

E. It amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	•
The Name (American School of State of State School of School of State School of School	
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·	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	······

(((H19000134521 3))) The date of each amendment(s) adoption: . if other than the date this document was signed. Effective date if applicable; (no more than 90 days after umendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 shateholders 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 (voting group) [4] 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 Signature (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) Michael Gonzalez (Typed or printed name of person signing) President (Title of person signing)

To: 18506176380 From: 14694451465 Date: 05/07/19 Time: 9:06 AM Page: 06/06