## 018000095659

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FLORIDA PEST (	CONTROL EXPERTS, INC	3.
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CARL GRECO		
		Name of Contact Person	n
	GRECO ACCOUNTING, IN	iC.	
		Firm/ Company	
	3949 EVANS AVE #403	t iiii Qonqoniy	
		Address	
	FORT MYERS, FLORIDA	33901	
	<del></del>	City/ State and Zip Cod	e
GRE	COACCOUNTING@GMAIL	СОМ	V
	•	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
CARL GRECO		239 at (	275-7766
Name	of Contact Person	at (239 ) 275-7766  Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
E essentia e	Подалегическое	□6 (2.75 P	Deep en million nous
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy
			is enclosed)
Mailing Address		Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314		2661 F	Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FLORIDA PEST CONTROL EXPERTS, INC.

FLORIDA PEST CONTROL EXPERTS, INC.			
(Name of Corporation as curre	ently filed with the Florida Dept. of State)		
P18000095659			
(Document Numbe	r of Corporation (if known)	<del></del> -	
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	his Florida Profit Corporation adopts the follo	wing amendi	ment(s) to
A. If amending name, enter the new name of the corporation:			
ALERT PEST CONTROL SERVICES, INC.		✓ The n	21t'
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name mi	e abbreviati	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		_
Trucipal office address Stool DL A STALL TANDRESS (			_
		· <u>·</u> .	18
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		DEC 14
			- 王(
		-,,	ල -
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr			2
Name of New Registered Agent N/A			
(Florida	i street address)		
New Registered Office Address:	. Florida		
The stage of the state of the s	,	Zip Codes	<b>1</b> 44
Nam Danietawad Laure's Cianatana if abancing Danietawad Ag	om#1		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		on.	
Signature of Ne	w 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change	<del> </del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

	12/5/2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved 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 the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	2/4/18	
Signature	fran R Hay	
	firector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hards of a receiver, trustee, or other court	
	ited fiduciary by that fiduciary)	
	SCOTT HOLTZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	