P20000043621

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Ancind Klanich

AUG 13 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: HES EXPRESS PET SolutionS, INC.					
DOCUMENT NUMBER: <u>\$\frac{12000043621}</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person NOT APPLICABLE Firm/ Company 4615 Cason (ove Drive, APT. 822) Address Address City/ State and Zip Code HARRY BICKARDS 036 Comail. (Our E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HARRY Richard at (321), 284-5037 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

HES EXPLESS	rest Solutions, INC.
(Name of Corporation as currently	filed with the Florida Dept. of State
P20000043621	,
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
XPress Pest Solutions,	INC. The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1028
	-
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stre	et address)
New Registered Office Address:	Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u>Joh</u>	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Stephanie Richard	4615 Cason Cove Dr.
Add		Joseph	Apt 822
Remove 2) Change	_5_	Stephanie Joseph	Orlando, FL 32811 4615 Cason Gove Dr
Add		(Apt 822
Remove Change			Orlando, FL 32811
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

mending or adding additional Ar ach additional sheets, if necessary).	. (Be specific)	,_,		
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n amendment provides for an exc ovisions for implementing the am	change, reclassifi	ication, or canc	ellation of issue	ed shares,
ovisions for implementing the am (if not applicable, indicate N/A)	iendment if not c	contained in the	amendment it	<u>selt:</u>
(y not applicante, marcate way				
				
		*		-
		·	<u></u>	, , , ,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 06-03-2020	
(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without s action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	ee, or other court
(Title of person signing)	