## P93000 001 582

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AUBRA TO SOHROEDER

## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Advantage lest Related Services, Inc.  DOCUMENT NUMBER: P93000001582
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
James A. Noonen
Name of Contact Person  Advantage Pest Related Services, Inc.  Firm/Company
2800 NW 22 Terrace
Pompano Beach FC 33069 City/ State and Zip Code
Inoonana advantage pest. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James A. Novan at 954 234-9656
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  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of

Advantage Pest Related Services,  (Name of Corporation as currently filed with the Florida Dept. of Star  P9300001582  (Document Number of Corporation (if known)	<u>.te</u> )	
(Document Number of Corporation (if known)		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	e following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:		
	The nev	ur.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation na word "chartered," "professional association," or the abbreviation "P.A."	or the abbreviatio	n
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 AUG 23 AUSTON	FILE
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent    Sarve 5   A   Noonan	STATE STATE	Ö
a red S  (Florida street address)		
(Florida street address)		
New Registered Office Address:	a	
(City)	(Zip Code)	

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:

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

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: $\underline{X}$ Change	<u>PT</u> <u>John</u>	Due	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1	Gina N. Parsons	15252 74 St. 1
Add Remove			Loxahatchee, FL 33470
2) Change			
Add Remove			
3) Change			TELAHA SECRET
Add Remove			23 SSEE
4) Change			MIII: 10
Remove			
5) Change	<del>40.</del>	<del></del>	<del></del>
Add			
6) Change			
Add			
Remove			

	, if necessary). (Be	specific)				
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						19 AUG 2: SECRETAR ALL AHASS
an amendment proy	ides for an exchange	<u>, reclassificat</u>	ion, or cancella	tion of issued sh	ares,	- 35 S
rovisions for implem	ienting the amendm	ent if not cont	ained in the an	<u>renament itsell:</u>		9 AUG 23 CKETAR LAHASSI
(if not applicable,	inaicate NA)					
		<u>_</u> _	•••			FLOR DA
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The date of each amendment(s) adoption:			han the
date this document was signed.	$\mathcal{L}$	gine	, ~ <sub>{</sub>
Effective date if applicable: Sent in 8/16/19, termination of employees than 90 days after amendment file date)	neyec	? /	79J)
(no more than 90 days after amendment file date)		7/2	<i>36/1</i>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be	listec	Las 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			
by"  (voting group)			
(voling group)	<b></b>	<u>.</u>	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ECRE!	19 AUG 23	Ti
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ASSEE ASSEE	23	
Dated Argust 16, 2019	FSTATE	MH:: 18	C
Signature	<u> </u>	_	
(By a director, president or other officer – it 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)			
James A. Noonan			
(Typed or printed name of person signing)			
Aresident			
(Title of person signing)		_	