P93DDD0001393

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POWER EXTERN	MINATORS INC					
	BER: P93000066393						
The enclosed Articles	of Amendment and fee are su	abmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	ARELYS ALEMAN						
		Name of Contact Person	п				
	POWER EXTERMINATORS INC						
		Firm/ Company					
	8815 SW 129TH STREET						
	Address						
	MIAMI, FL 33176						
		City/ State and Zip Cod	e				
acct2	@lovepowerx.com						
	E-mail address: (to be us	sed for future annual report	notification)				
		•					
For further informatio	n concerning this matter, pleas	se call:					
ARELYS ALEMAN		305	255-7077				
	<i>f.C.</i> D	at (305	⁾				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building				
		2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

POWER EXTERMINATORS INC

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P93000066393	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	cutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ration:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>·····································</u>
C. Enter new mailing address, if applicable:	2 7
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(F	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of the position.
Signature	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)

Example:

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>	John Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	_	Arclis Diaz	8815 SW 129TH Street
Add				Miami, Fl 33176
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_	 	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				

Attach addit	ional sheets. if	necessary). (Be specific)				
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		-12.					•
			•	· · · · · ·			-
						<u> </u>	
							-
			·				
provisions	lment provides for implement applicable, indi	ing the amend	ge, reclassifica ment if not con	ition, or cancell itained in the a	lation of issued mendment itse	<u>l shares,</u> elf:	
							
							
_		_					
							

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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ient(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharel action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	:r
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary) ARELYS ALEMAN	
(Typed or printed name of person signing)	
DIRECTOR	

(Title of person signing)