P94000055948

| (Requestor's Name) |
|---|
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Chity Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2024 NOV -8 AN 9: 30 SECCLOTARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: Controlapest, Inc. | | | | |
|------------------------------|--|-----------------------------------|---|---|-------------|
| DOCUMENT NUM | P94000055948 | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | tter to the following | g: | | |
| | Lisa Mabin | | | | |
| | | Name of Contac | et Person | · · · · · · · · · · · · · · · · · · · | |
| | | Firm/ Comp | pany | | _ |
| | Icorrespondence concerning this matter to the following: Lisa Mabin Name of Contact Person Firm/ Company 6648 Coronet Dr Address New Port Richey, FL 34655 City/ State and Zip Code Controlapesthomeservices@gmail.com E-mail address: (to be used for future annual report notification) Printion concerning this matter, please call: at (727 | | | | |
| | Now Bust Diabou, El 24655 | Address | 3 | | _ |
| | New Poli Richey, PL 34033 | City/ State and 2 | Zip Code | | _ |
| | Controlapesthomeservices@g | gmail.com | · | | |
| | E-mail address: (to be us | sed for future annua | il report not | ification) | |
| For further informati | on concerning this matter, pleas | se call: | | | |
| Lisa Mabin | | 727 at (|) | 543-9994 | |
| Name | | | ber | | |
| Enclosed is a check (| or the following amount made | payable to the Flori | ida Departm | ent of State: | |
| □ \$35 Filing Fee | - | Certified Copy (Additional cop | , | Certificate of Status Certified Copy (Additional Copy | |
| An Di [,] P.C | nendment Section vision of Corporations D. Box 6327 | | Amendmer Division of The Centr 2415 N. N | nt Section f Corporations re of Tallahassee Monroe Street, Suite 810 | LATASSEL FL |

Articles of Amendment to Articles of Incorporation of

| Controlapest, Inc. | | | |
|--|---|--|-------------------------------|
| (<u>Name</u> | of Corporation as curren | tly filed with the Florida Dept. of State) | |
| P94000055948 | | | |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | s Florida Profit Corporation adopts the follow | ring amendment(s) t |
| A. If amending name, enter the new n | ame of the corporation: | | |
| Controlapest Home Services, Inc. | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association, | Corp." "Inc," or "Co". | "company," or "incorporated" or the abbrevia A professional corporation name must cont | tion "Corp.," ain the word |
| B. Enter new principal office address, | if annlicable: | N/A | |
| (Principal office address MUST BE A S | | - | |
| | | | |
| | | | |
| | | 1324 Seven Springs Blvd | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | OFFICE BOX) | | |
| | | #327 | |
| | | New Port Richey, FL 34655 | |
| 15.16 | | | |
| If amending the registered agent ar new registered agent and/or the ne | | | |
| | N/A | | |
| Name of New Registered Agent N/A | | | |
| | | (reet address) | _ |
| | N/A | ., N/A | |
| New Registered Office Address: | *************************************** | (City) Florida (Zi, | p Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if c | changing Registered Agen | t: with and account the obligations of the position | 200 |
| т петеох ассері ніе арронітені их гедіх. | итей адела. Тат јатаат | with and accept the obligations of the position is with and accept the obligations of the position is with an accept the obligations of the position is with an accept the obligations of the position is with an accept the obligations of the position is with an accept the obligations of the position is with an accept the obligations of the position is with an accept the obligation is with an accept the obligation is of the position is with an accept the obligation is of the position is with an accept the obligation is of the position is with an accept the obligation is of the position is with a condition is with a condition is with a condition in the position is with a condition in the condition in the condition is with a condition in the condition in the condition is with a condition in the condition in th | 2024 NOV |
| | | \[\bar{\chi}\] >- | Z rame |
| | | | <u> </u> |
| | Signature of New 1 | Registered Agent, if changing | T I |
| Check if applicable | | ļū | is . |
| ☐ The amendment(s) is/are being filed p | oursuant to s. 607.0120 (11) | (e), F.S. | . Σ ω |

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: XChange | <u>PT</u> | John Doc | |
|-------------------------------|-----------------|-------------|-------------------|
| - | | | |
| X Remove | V | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) N/A Change | | N/A | N/A |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | ,,-+ <u>-</u> . | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | 4 |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | 2024 SEC 7A |
| Remove | | | _FF_ 3 _ |
| | | | V-V |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
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| /A | |
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| f an amendment provides for an exchange, reclassification, or cancellation of issued share | <u>5,</u> |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
| (if not applicance, materic 1974) | |
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| | SECKETARY OF STATE SECKETARY OF STATE ALLAHASSEE, FL |

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11/04/2024 The date of each amendment(s) adoption: , if other than the date this document was signed. 11/04/2024 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, 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) 11/4/24 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) Steven Mabin (Typed or printed name of person signing) President (Title of person signing)

> 2024 NOY -8 AM 9: 31 SECRETARY OF STAT