

| (Re                     | equestor's Name)   |              |
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| (Ad                     | ldress)            |              |
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|                         |                    |              |
| (Cit                    | ty/State/Zip/Phone | e #)         |
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| PICK-UP                 | ☐ WAIT             | MAIL         |
|                         |                    |              |
| (Bu                     | ısiness Entity Nan | ne)          |
|                         |                    |              |
| (Do                     | ocument Number)    | <del> </del> |
|                         |                    |              |
| Certified Copies        | _ Certificates     | of Status    |
|                         |                    |              |
| Special Instructions to | Filing Officer:    |              |
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13 NOV 18 PM 3:31
SECRETARY OF STATE
SECRETARY OF STATE

NOV 22 2013 R. WHITE

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF CORPORATION: Pevail! Pes  | t Control, Inc.  |  |  |  |  |
| DOCUMENT NUMBER: P9500004139  | 3  |  |  |  |  |
|   |  | <u>-</u>   |  |  |  |
| The enclosed Articles of Amendment and fee are su   | bmitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                         |  |  |  |  |  |
| David A Nail CPA  | <u> </u>   |  |  |  |  |
|   | Name of Contact Persor   | 1  |  |  |  |
| Diversified Accou   |  | <u></u>  |  |  |  |
|   | Firm/ Company  |  |  |  |  |
| 4933 South West   | shore Blvd   |  |  |  |  |
|   | Address  |  |  |  |  |
| Tampa, FL 3361  |  |  |  |  |  |
|   | City/ State and Zip Code   | ė.   |  |  |  |
| dnailcpa@gmail.com  | 1  |  |  |  |  |
|   | sed for future annual report                                       | notification)  |  |  |  |
|   |  |  |  |  |  |
| For further information concerning this matter, pleas   | se call:   |  |  |  |  |
| David A Nail CPA  Name of Contact Person  at (813) 658.3650  Area Code & Daytime Telephone Number |  |  |  |  |  |
| Name of Contact Person  | Area Co  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:     |  |  |  |  |  |
| \$35 Filing Fee \$\sum \text{\$\sum \$\\$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   | <del></del>  | Address  |  |  |  |
| Amendment Section   |  | lment Section  |  |  |  |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building                 |  |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle  |  |  |  |  |  |

Tallahassee, FL 32301

FHED

## Articles of Amendment to Articles of Incorporation of

13 NOV 18 PM 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| (Name of Corporation as currently filed with the  | Florida Dept. of State)   |       |
|---|---|-------|
| Prevail! Pest Control, Inc.   |   |       |
| (Document Number of Corporation   | (if known)  |       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:  | is Florida Profit Corporation adopts the following amendment(   | s) to |
| A. If amending name, enter the new name of the corporation:   |   |       |
| Power Pest & Termite Control, Inc.  | The new   |       |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |       |
| 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)   |   |       |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre   |   |       |
| Name of New Registered Agent  |   |       |
|   |   |       |
| (Florida s  | street address)   |       |
| New Registered Office Address: (Cit   | , Florida   |       |
| (Cit  | (Zip Code)  |       |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New Registered                                 | r with and accept the obligations of the position.  |       |

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:<br>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>  | Name        | <u>Addres</u> s |            |
| 1) Change                  |               |             |                 |            |
| Add                        |               |             |                 |            |
| Remove                     |               |             |                 |            |
| 2) Change                  |               |             |                 |            |
| Add                        |               |             |                 |            |
| Remove                     |               |             |                 |            |
| 3) Change                  |               |             |                 | . <u> </u> |
| Add                        |               |             |                 |            |
| Remove                     |               |             |                 |            |
| 4) Change                  |               | _           |                 |            |
| Add                        |               | <u> </u>    |                 |            |
| Remove                     |               |             |                 |            |
|                            |               |             |                 |            |
| 5) Change                  | <del></del> - |             |                 |            |
| Add                        |               |             |                 |            |
| Remove                     |               |             |                 |            |
| 6) Change                  |               |             |                 |            |
| Add                        |               |             |                 |            |
| Remove                     |               |             |                 |            |

|   | essury).     | Be specific)                    |                                    |                              |                         |            |
|---|--------------|---------------------------------|------------------------------------|------------------------------|-------------------------|------------|
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|   |              |                                 |                                    |                              |                         |            |
| If an amendment provides for  | r an exchan  | ge, reclassifi                  | cation, or cane                    | ellation of iss              | sued shares,            |            |
| provisions for implementing   | the amend    | ge, reclassifi<br>ment if not c | cation, or cand                    | ellation of iss              | sued shares,<br>itself: |            |
| If an amendment provides for provisions for implementing (if not applicable, indicate | the amend    | ge, reclassifi<br>ment if not c | cation, or cand                    | ellation of iss<br>amendment | sued shares,<br>itself: |            |
| provisions for implementing   | the amend    | ge, reclassifi<br>ment if not c | cation, or cand                    | ellation of iss              | sued shares,<br>itself: |            |
| provisions for implementing   | the amend    | ge, reclassifi<br>ment if not c | cation, or cand<br>ontained in the | ellation of iss              | sued shares,<br>itself: |            |
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| provisions for implementing   | the amend    | ge, reclassifi<br>ment if not c | cation, or cand                    | ellation of iss              | itself:                 |            |
| If an amendment provides for provisions for implementing (if not applicable, indicate | the amend    | ge, reclassifi<br>ment if not c | cation, or cand<br>ontained in the | ellation of iss              | sued shares,<br>itself: |            |
| provisions for implementing   | the amend    | ge, reclassifi<br>ment if not c | cation, or cand                    | ellation of iss              | sued shares,<br>itself: |            |
| provisions for implementing   | the amend    | ge, reclassifi<br>ment if not c | cation, or cand                    | ellation of iss              | sued shares,<br>itself: |            |

| The date of each amendment(s) adoption: 1  | lovember 15, 2013  | , if other than the |
|--|--|---------------------|
| date this document was signed.   |  |                     |
| Effective date if applicable: November   | 15, 2013   |                     |
|  | (no more than 90 days after amendment file date)   | <del></del>         |
| Adoption of Amendment(s) (C  | HECK ONE)  |                     |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | e shareholders. The number of votes east for the amendment(s) approval.  |                     |
|  | he sharcholders through voting groups. The following statement in group entitled to vote separately on the amendment(s): |                     |
| "The number of votes east for the ame  | endment(s) was/were sufficient for approval  |                     |
| by   | 'n   |                     |
| (ve  | oting group)   |                     |
| The amendment(s) was/were adopted by the action was not required.                    | e board of directors without shareholder action and shareholder  |                     |
|  |  |                     |
| The amendment(s) was/were adopted by the action was not required.                    | e incorporators without shareholder action and shareholder   |                     |
| Dated  | 13   |                     |
| Signature X  |  |                     |
| (B) a director, pre  | sident or other officer - if directors or officers have not been   | <del></del>         |
| selected, by an inc<br>oppointed Aducia  | corporator – if in the hands of a receiver, trustee, or other court<br>ry by that (Iduclary)                             |                     |
| Bruce M  | Melanson \   |                     |
|  | (Typed or printed name of person signing)  |                     |
| Preside  |  | <del></del>         |
|  | (Title of person signing)  |                     |