P98000001321

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mankie	Lown & Dank Annhy	I. Inc.
		IIII.C
DOCUMENT NUMBER: <u>59-3484</u>	<u>700</u>	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
James D Logar	of Contact Person	<u> </u>
Montis Lawn & Pa	est Control, Inc.	
P.D. BOX 1794	Address	
	32067 State and Zip Code	
City,	State and Zip Code	
Montis Jawn & Col E-mail address: (to be us	MOSt. Net ed for future annual report notification)	<u> </u>
For further information concerning this matter	, please call:	
James D Logan TIL Name of Contact Person	at (<u>904</u>) <u>2104-04</u> Area Code & Daytime Tele	Phone Number
Enclosed is a check for the following amount in	made payable to the Florida Departi	ment 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	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
P.U. BOX 0327 Tallahassee FI 22214	Clifton Building	

Tallahassee, FL 32301



November 3, 2011

JAMES D. LOGAN, III P.O. BOX 1794 ORANGE PARK, FL 32067

SUBJECT: MANTIS LAWN & PEST CONTROL, INC.

Ref. Number: P98000001321

We have received your document for MANTIS LAWN & PEST CONTROL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of 4 is missing from your document. Please find page 2 enclosed.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 411A00025092

Articles of Amendment

to

Articles of Incorporation of

<u> </u>	lest Cont	rol, Inc	
(Name of Corporation as curr	ently filed with t	he Florida Dept. of Sta	<u>ıte</u>)
<u>59-348470</u> 0			
(Document Nur	nber of Corporation	on (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incorporate (a) to the provisions of section 607.100 following amendment(s) to its Articles of Incorporate (a) to the provisions of section 607.100 following amendment(s) to its Articles of Incorporate (a) to the provisions of section 607.100 following amendment(s) to its Articles of Incorporate (a) to the provisions of section 607.100 following amendment(s) to its Articles of Incorporate (a) to its Articles (es, this <i>Florida Profit</i>	Corporation adopts the
A. If amending name, enter the new name o	f the corporation	<u>ı:</u>	
Montis Services, Inc	0		
The new name must be distinguishable a	and contain the	word "corporation,"	"company," or
"incorporated" or the abbreviation "Corp.," "Co". A professional corporation nam association," or the abbreviation "P.A."	"Inc.," or Co., se must contain	" or the designation " the word "chartered	Corp," "Inc," or l," "professional
B. Enter new principal office address, if app		N/A	756
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
			28 T
			IT PH
C. Enter new mailing address, if applicable		A1/A-	54 % 1818 1919
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	- IV/H	<u>\$ # 9</u>
	-		··
D. If amending the registered agent and/or i	ragistared office :	address in Flarida, ant	or the name of the
new registered agent and/or the new regi			er the name of the
Name of New Registered Agent:		N/A	_
		,	
New Registered Office Address:	(Floria	da street address)	_
		N/4	_, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changi	ng Registered Ag	gent:	
I hereby accept the appointment as registered position.			ot the obligations of the
	N/.	A	
<u></u>	Signature of New 1	A— Registered Agent, if cha	nging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1) N/A	N/A	
2) 1/1	NA	
3) <u>V/4</u>	N/A	
4) <u>N/4</u>	N/A	N/A N/A
5) 1/4	N/A	W/A N/A
6) N/A	N/A	

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

Title(s)	<u>Name</u>	Title(s)	<u>Name</u>
1)_ <i>1</i> \ // 4	NA	4) <u>We</u> (N/A
2) N/A	N/A	5) <u> </u>	N/A
3) N/A	N/A	6) N/A	NA

The date of each amendment(s)	adoption: 30 Qct 2011
	(date of adoption - required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
(1	poting group) ."
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated3(0	De we
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
-	Typed or printed name of person signing)
	Vice - Paesitent + CPO (Title of person signing)