P98000017002

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: BUGS-OR US PE	ST ELIMINATION SERV	CE, INC.		
	1BER:				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	BARRY COHEN				
	Name of Contact Person				
	CARLTON & COHEN, INC.				
	Firm/ Company				
	9011 ASTONIA WAY				
	Address				
	FORT MYERS, FLORIDA, 33967				
		City/ State and Zip Code	2		
	becohen@comcast.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
BARRY COHEN		at (340-3599		
Namo	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
	ailing Address nendment Section		Address ment Section		
	vision of Corporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BUGS-OR-US PEST ELIMINATION SERVICE, INC.

(maine or cor	rporation as current	tly filed with the Florida I	Dept. of State)	·//
98000017002				٠,٠
((Document Number	of Corporation (if known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amend	ment(s
. If amending name, enter the new name o	f the corporation:			
CARLTON & COHEN, INC.			The n	iew
ame must be distinguishable and contain the w Inc.," or Co.," or the designation "Corp," chartered," "professional association," or th	""Inc," or "Co".	A professional corporatio	ed" or the abbreviation "Corp)., **
• •		9011 ASTONIA WAY	,	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		FORT MYERS		_
		FLORIDA, 33967		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9011 ASTONIA WAY	′	_
		FORT MYERS		
		FLORIDA, 33967		_
. If amending the registered agent and/or new registered agent and/or the new regi	registered office addres	dress in Florida, enter the	name of the	
Name of New Registered Agent N/A				
 -	(Florida s	treet address)		
	I ASTONIA WAY, I	FORT MYERS	, Florida	
New Registered Office Address: 9011		(City)	(Zip Code)	-

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A

• • • •

	NOVERMBER 8,2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	NUCENANCE A 2020	
NO Effective date if applicable:	OVERMBER 9, 2020	
	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this document's effective date on the I		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	oproved by the shareholders through voting reach voting group entitled to vote separ	
"The number of votes ca	t for the amendment(s) was/were sufficie	nt for approval
by N/A		"
,	(voting group)	
NOVER	ивек 9, 2020	
DatedSignature	al luke proition	ب
(By a select	director, president or other officer – if dir ed, by an incorporator – if in the hands of nted fiduciary by that fiduciary)	ectors or officers have not been
	BARRY COHEN	
	(Typed or printed name of p	erson signing)
	PRESIDENT	
	(Title of person signing)	