

P98000032198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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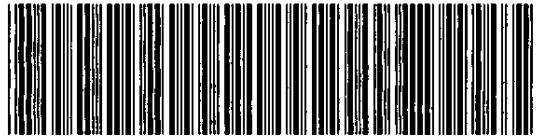
(Business Entity Name)

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TALLAHASSEE, FLORIDA
09 AUG 13 PM 1:53

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PEST RELIEF

PRESCRIPTION TREATMENT



P.O. Box 11222 • Pompano Beach, FL 33061
(954) 563-3244 • Fax (954) 781-5909

July 22, 2009

To: Dept. of State
Division of Corporations
Tallahassee, Fl.

From: Lisa McGuire
#P98000032198
FEI# 16-1648166

Please accept this letter as authorization to add Bill McGuire as Vice President of Buggin Enterprises dba Pest Relief effective immediately.

Please feel free to call me if you have any questions @ 754.366.2116.

Thank you,


Lisa McGuire

RECEIVED
2009 JUL 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

LISA MCGUIRE
PEST RELIEF
PO BOX 11222
POMPANO BEACH, FL 33061

SUBJECT: BUGGIN ENTERPRISES, INC.
Ref. Number: P98000032198

We have received your document for BUGGIN ENTERPRISES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 709A00025795

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Buggin Enterprises Inc.

DOCUMENT NUMBER: P98000032198

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill McGuire

Name of Contact Person

Pest Relief

Firm/ Company

1210 SE 6th Terrace

Address

Pompano Beach, FL 33060

City/ State and Zip Code

Pestreliefinc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill McGuire

Name of Contact Person

at (954)

563.3244
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
Buggin Enterprises, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000032198

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

PO Box 11222

Pompano Beach, FL 33061

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TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V. Pres	Bill McGuire	1210 SE 6th Terrace Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: July 22, 2009 (date of adoption is required)

Effective date if applicable: July 22, 2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ 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

by _____
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 22, 2009

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)

Lisa McGuire

(Typed or printed name of person signing)

President

(Title of person signing)