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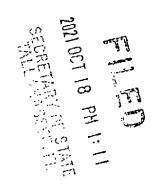
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| Q. SILAS                                |  |  |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | ORATION: APEX PEST CON  | TROL, INC.   |   |  |  |
|------------------------|---|--|---|--|--|
| DOCUMENT NUN           | 200200012665  |  |   |  |  |
| 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:   |   |  |  |
|                        | MARK H. RUFF, ESQ.  |  |   |  |  |
|                        |   | Name of Contact Person   |   |  |  |
|                        | THE LAW OFFICES OF MARK H. RUFF, P.A.                                   |  |   |  |  |
|                        |   | Firm/ Company  | ···   |  |  |
|                        | 630 N. WYMORE ROAD, S   | • •  |   |  |  |
|                        |   | Address  |   |  |  |
|                        | MAITLAND, FLORIDA 32751   |  |   |  |  |
|                        |   | City/ State and Zip Cod  | e   |  |  |
|                        | efilings@mhrlaw.com   |  |   |  |  |
|                        | E-mail address: (to be us   | sed for future annual report                                     | notification)   |  |  |
|                        | on concerning this matter, please                                       |  | 、951-6679   |  |  |
|                        | of Contact Person   |  | )<br>de & Daytime Telephone Number  |  |  |
| Enclosed is a check (  | or the following amount made  |  | •   |  |  |
| S35 Filing Fee         | S43.75 Filing Fee & Certificate of Status                               | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                      |  |  |
| An<br>Di<br>P.(        | nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 I                              | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |

## Articles of Amendment to Articles of Incorporation of

FILED

| APEX PEST CONTROL, INC.  | 2021 OCT 18 PH 1: [ ]  |
|--|--|
| (Name of Corporation as curre  | ntly filed with the Florida Dept. of State)  |
| P99000013665   | SECRETARY OF STATE   |
| (Document Numbe  | r of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:   | ais Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corporation:  |  |
|  | The new  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P., | "company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word |
| 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 ac<br>new registered agent and/or the new registered office addre   | ddress in Florida, enter the name of the   |
| Name of New Registered Agent   |  |
|  |  |
| (Florida   | street address)  |
| New Registered Office Address:   | , Florida  |
|  | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Age<br>I hereby accept the appointment as registered agent. I am familia  | nt: r with and accept the obligations of the position.   |
|  |  |
| Signature of New   | Registered Agent, if changing  |
| Check if applicable  |  |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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 Doe           |                         |
|----------------------------|--------------|--------------------|-------------------------|
| X Remove                   | <u>V</u>     | Mike Jones         |                         |
| X Add                      | <u>sv</u>    | Sally Smith        |                         |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>        | <u>Addres</u> s         |
| 1) X Change                | P & D        | PETER A. ELDERIDGE | 1180 US HWY 1, STE. 105 |
| Add                        |              |                    | ROCKLEDGE, FL 32955     |
| Remove                     |              |                    |                         |
| 2) Change                  | VP           | MARLENE BELCHER    | 1180 US HWY 1, STE. 105 |
| X Add                      |              |                    | ROCKLEDGE, FL 32955     |
| Remove 3) Change           |              |                    |                         |
| Add                        |              |                    |                         |
| Remove                     |              |                    |                         |
| 4) Change                  |              |                    |                         |
| Add                        |              |                    | ·                       |
| Remove                     |              |                    |                         |
| 5) Change                  |              |                    |                         |
| Add                        |              |                    |                         |
| Remove                     |              |                    |                         |
| 6) Change                  |              |                    |                         |
| Add                        |              |                    |                         |
| Remove                     |              |                    |                         |

| ttach additional sheets, if necesso                             | <mark>l Articles, enter ch</mark><br>ury). (Be specific, | )                   |                                       |          |
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| an amendment provides for an<br>provisions for implementing the | exchange, reclass  | ification, or cance | Illation of issued sl                 | nares,   |
| (if not applicable, indicate N                                  | <u>: amenument ii no</u><br>/A)                          | t contained in the  | amenument usen                        | <u>.</u> |
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| The date of each amendment(s) adopt date this document was signed.               | tion:                         |   | , if other than the              |
|--|-------------------------------|---|----------------------------------|
| Effective date if applicable:  |                               |   |                                  |
|  | (no more than 90              | days after amendment file date)   |                                  |
| Note: If the date inserted in this block document's effective date on the Depart |                               | ble statutory filing requirements, thi  | s date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)                   |   |                                  |
| The amendment(s) was/were adopted action was not required.                       | I by the incorporators, or be | oard of directors without shareholder   | action and shareholder           |
| ☐ The amendment(s) was/were adopted<br>by the shareholders was/were suffici      |                               | number of votes east for the amendm   | ient(s)                          |
| ☐ The amendment(s) was/were approve must be separately provided for each         |                               |   | tement                           |
| "The number of votes cast for t  | the amendment(s) was/were     | e sufficient for approval   |                                  |
| by   | •                             | ···   |                                  |
|  | (voting group)                |   |                                  |
| Dated  | 12/2021                       |   |                                  |
| Signature  |                               | ·   |                                  |
| selected, by   |                               | er – if directors or officers have not be<br>hands of a receiver, trustee, or other |                                  |
| PET  | ter a. exderinge              |   |                                  |
|  | (Typed or printed n           | ame of person signing)  |                                  |
| PRI  | ESIDENT AND DIRECTO           | OR /  | 7                                |
|  | (Title of person sign         | ning  |                                  |
|  |                               |   |                                  |