## P99000064358

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: PAUL MANN CU	JSTOM PEST CONTROL,	INC.	
DOCUMENT N	UMBER:			
	icles of Amendment and fee are su	ibmitted for filing.		
Please return all c	orrespondence concerning this ma	atter to the following:		
	DONNA ANDERSON			
		Name of Contact Person	n	
	PAUL MANN CUSTOM PE	EST CONTROL, INC		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	<del></del>	
	3725 S ACCESS RD, STE I	, ,		
		Address		
	ENGLEWOOD, FLORIDA	34224		
		City/ State and Zip Cod	e	
	PAULMANNPEST@AOL.	СОМ		
	E-mail address: (to be u	sed for future annual report	notification)	
For further inform	nation concerning this matter, plea	041	473 2847	
	ime of Contact Person	at (		
:Na	ime of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fe	e ■\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



PAUL MANN CUSTOM PEST CONTROL, INC.

(Name o	f Corporation as current	ly filed with the Florid	a Dept. of State)	
99000064358				
·	(Document Number of	of Corporation (if known	1)	
rsuant to the provisions of section 607.1 Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following	ng amendment(
If amending name, enter the new na	me of the corporation;			
me must be distinguishable and contain nc.," or Co.," or the designation "Cohartered," "professional association,"	orp," "Inc," or "Co"	A professional corpora	rated" or the abbreviati tion name must conta	The new ion "Corp.," in the word
• •		N/A		
Enter new principal office address, i rincipal office address <u>MUST BE A ST</u>		<del></del>		
		<del></del>		<del></del>
Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A		
· · · · · · · · · · · · · · · · · · ·	<del></del>			
		<del></del>		<del></del>
If amending the registered agent and			he name of the	
new registered agent and/or the new		<u>s:</u>		
Name of New Registered Agent N/A				_
		<u> </u>	<u> </u>	_
	(Florida str	reet address)	- · · · · ·	_
New Registered Office Address:	(Florida str	reet address) (City)	, Florida	

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	N/A		N/A	N/A
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<b></b>		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Att	nending or adding add ch additional sheets, if	necessary). (B	e specific)	<u> </u>		
N/A	·	-	•			
				<del></del>		<u> </u>
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F. <u>If a</u>	amendment provides	for an exchange	e, reclassificatio	n, or cancellation	of issued shares	
pro	visions for implement	ing the amendm	ent if not conta	ned in the amen	dment itself:	<b>-</b>
	(if not applicable, indi-	cate N/A)				
N/A				<u> </u>		
<del>.</del>				<del></del>		··
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			<u> </u>		_ <del></del>	
				<u>-</u>		

The date of each amendment(s) adop	N/A	if other than th
date this document was signed.		, if other than th
5/2/202	2	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	k does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amend ient for approval.	dment(s)
	ed by the shareholders through voting groups. The following solution of the shareholders through voting group entitled to vote separately on the amendment(s	):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	PARSION C
by		<b>元</b> 名前 子 2.以一
	(voting group)	<u> </u>
5/2/2022 Dated(		<b>発</b> <b>第</b> 第2 第2
Signature		17
(By a direct selected, by	tor, president or other officer – if directors or officers have not y an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
DC	ONNA ANDERSON	
_	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
PR	ESIDENT	
	(Title of person signing)	