## 559248

| (Requestor's Name)                      |
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SECRETARY OF STATE
FALLAHASSEE FI COM

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: STEVE REED'S PEST CONTROL, INC  |  |  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: <u>\$59248</u>  |  |  |  |  |  |
| The enclosed Articles of Amendment and   | fee are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning  | ng this matter to the following:   |  |  |  |  |
|  | STEVE REED Name of Contact Person)   |  |  |  |  |
| (P   | Name of Contact Person)  |  |  |  |  |
| STE  | VE REED'S PEST CONTROL, INC (Firm/ Company)  |  |  |  |  |
|  | (China Company)  |  |  |  |  |
| 11!  | 52 UNIVERSITY BLVD #21 (Address)   |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,  | (.144.555)   |  |  |  |  |
| (C   | JUPITER, FL. 33458<br>City/ State and Zip Code)  |  |  |  |  |
| For further information concerning this ma   | •  |  |  |  |  |
| STEVE REED   | at ( 561 ) 262-0819  |  |  |  |  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)   |  |  |  |  |
| Enclosed is a check for the following amou   | unt made payable to the Florida Department of State:   |  |  |  |  |
| \$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status                            | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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 of

| (Name of Corporation as currently  |               |                                | <b>[</b>                                 |
|--|---------------|--------------------------------|--|
| (Name of Corporation as currently  | / Illeu With  | ine Fiorida Dept. of Su        | <u>ite</u> )                             |
|  | 9248          |                                | · · · · · · · · · · · · · · · · · · ·    |
| (Document Number   | of Corporati  | ion (if known)                 |  |
| Pursuant to the provisions of section 607.1006, Fifollowing amendment(s) to its Articles of Incorporate  |               | tes, this Florida Profit       | Corporation adopts the                   |
| A. If amending name, enter the new name of the   | corporatio    | <u>n:</u>                      |  |
| The new name must be distinguishable and of "incorporated" or the abbreviation "Corp.," "Inc "Co". A professional corporation name massociation," or the abbreviation "P.A." | c.," or Co.,  | ," or the designation "        | 'Corp," "Inc," or                        |
| B. Enter new principal office address, if applicable:  |               | 1152 UNIVERSITY BL             | .VD #21                                  |
| (Principal office address <u>MUST BE A STREET AI</u>   |               |                                |  |
|  |               | JUPITER, FL. 33458             |  |
|  |               |                                | ·  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B   | <u>30X</u> )  | 1152 UNIVERSITY BLV            | SECRE<br>/D#21 AH                        |
|  |               | JUPITER, FL. 33458             | FILED<br>R-6 PM<br>ARY OF S<br>ASSEE, FL |
| ·  |               |                                | SA A R                                   |
| D. If amending the registered agent and/or regist  | tered office  | <u>address in Florida, ent</u> | er the name of the                       |
| new registered agent and/or the new registere  | d office add  | ress:                          |  |
| Name of New Registered Agent:  | ···           |                                | _  |
| 1152   | 2 UNIVERSI    | TY BLVD #21                    |  |
| New Registered Office Address:   | (Florid       | da street address)             | -  |
| JUPI   | ITER          |                                | _, Florida <u>33458</u>                  |
|  |               | (City)                         | (Zip Code)                               |
| New Registered Agent's Signature, if changing Real hereby accept the appointment as registered agest position.   |               |                                | t the obligations of the                 |
| Signat   | ture of New I | Registered Agent, if cha       | nging                                    |

## 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>  | Address                                    | Type of Action        |
|--------------|--|--|-----------------------|
| <u>VP</u>    | KRISTEN D. REED  | 5826 WESTWATER CT.                         | Ø Add                 |
|              |  | CENTREVILLE, VA.20121                      | Remove                |
| DIR          | JAMES P. BARRUS  | 1855 WEST CENTER ST. #3. JUPITER, FL 33458 | 2.                    |
|              |  | -  | □ Add<br>□ Remove     |
| (atta        | nending or adding additional Articles, ent<br>ch additional sheets, if necessary). (Be spe<br>ERENCE TO ARTICLE VII : DURING THE A | ecific)                                    | NG FOR 2009           |
| THE FO       | DLLOWING AMMENDMANT(S) WERE MAD  | DE FROM A UNANIMUS VOTE FRO                | ом вотн               |
| SHARE        | HOLDERS STEVE REED (51%) RA, AND I   | KRISTEN REED (49%) . KRISTEN I             | REED SHALL SERVE      |
| AS VIC       | E PRESIDENT AND JAMES BARRUS SHAI  | LL SERVE AS THE DIRECTOR EF                | FECTIVE MARCH 1, 2009 |
|              | REED SHALL CONTINUE HIS TITLE AS P   |  |                       |
|              | EMPOWERED TO TAKE ALL REASONAB   |  |                       |
|              | OVE NAMED OFFICERS WERE PRESENT  |  |                       |
| F. If a      | n amendment provides for an exchange, r<br>visions for implementing the amendment<br>(if not applicable, indicate N/A)             | eclassification, or cancellation of i      | ssued shares,         |
|              |  |  |                       |
|              |  |  |                       |

| Th                            | e date of each amendmen                           | t(s) adoption: MARCH 1, 2009  |
|-------------------------------|---|---|
| Effective date if applicable: |   | MARCH 1, 2009   |
|                               |   | (no more than 90 days after amendment file date).   |
| Ad                            | loption of Amendment(s)                           | (CHECK ONE)   |
| Ø                             | The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
|                               |   | ere approved by the shareholders through voting groups. The following statement ed 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)  |
|                               | action was not required.                          | ere adopted by the board of directors without shareholder action and shareholder acted by the incorporators without shareholder action and shareholder  |
|                               | Dated <u>3/</u>                                   | 1/09  |
|                               | Signature _                                       | PRES.   |
|                               | sele  | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|                               |   | STEVE REED  |
|                               |   | (Typed or printed name of person signing)   |
|                               |   | PRES, RA  |
|                               |   | (Title of person signing)   |