## 587384

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200247561892

05/24/13--01007--005 \*\*35.00

MAY 28 2013

R. WHITE

MAY 24 PH 12: 27 GRETARY OF STATE: L'AHASSEE ELLORIDA.

The date of each amendment(s) a	MAY 20, 2013
Effective date if applicable:	AY 20, 2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder
Dated MAY 2	20, 2013
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	MD KAMRUL HOSSAIN
	(Typed or printed name of person signing)
	PRESIDENT Hossa
	(Title of person signing)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRU-CARE	Termite & Pest	Control, Inc.		
DOCUMENT NUME	SER: S873384	<del> </del>			
	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Edward L. Maroti	, Sr.			
		Name of Contact Persor	1		
	TRU-CARE Term	ite & Pest Contr	ol, Inc.		
		Firm/ Company			
	444 Thelma Ct.				
•		Address			
	Lehigh Acres, FL	33972	_		
		City/ State and Zip Code			
	E-mail address: (to be us	ed for future annual report	notification)		
	`	•	,		
For further information	n concerning this matter, pleas	e call:			
Edward I M	aroti Sr	230	303-9200		
Edward L. Maroti, Sr.  Name of Contact Person		at (239	de & Daytime Telephone Number		
name (	of Contact Person	Area Co	de & Daytitie Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations			
	Box 6327 ahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
1 211	anassee, FL 32314	Tallahassee, FL 32301			

## Articles of Amendment to

FILED

Articles of Incorporation

13 MAY 24 PH 12: 27

TOU CARE Townsite & D	aat Cantral Inc	01	SECRETARY OF S	STATE
TRU-CARE Termite & P	est Control, inc	<i>j.</i>	SECIOE MASSEE, F	<u>LO</u> RIDA
IRU-CARE Termite & P  (Name of Corporation as	currently filed with the	e Florida Dept. of Sta	te) PALLACIO	
3073004		<del> </del>		
(Documer	nt Number of Corporation	n (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corp</i>	poration adopts the follow	ving amendment(
<u>If amending name, enter the new na</u> N/A	ame of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," of	r "Co". A profession	"incorporated" or the al corporation name mu	abbreviation
D. Enton now principal office address	if applicable:	N/A		
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>	<u>TREET ADDRESS</u> )	<del></del>		_
C. Enter new mailing address, if appli	iaabla			
(Mailing address MAY BE A POST	OFFICE BOX)	N/A		
				<del></del>
). If amending the registered agent an	nd/or registered office a	ddress in Florida, ent	er the name of the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
			<del>.</del>	
	(Florida	street address)		
	N/A	,		
New Registered Office Address:		ity)	_, Florida(Zip Code)	
	, -			
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
hereby accept the appointment as regis	tered agent. I am famili	ar with and accept the	obligations of the positio	n.
Si	gnature of New Registere	ed Agent, if changing	<del></del>	

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.

Example: X Change	<u>PT</u>	John Do	o <u>e</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V	_	Robert Pellicer	2640 Hidden Perch Way
X Add				Ft. Myers, FL 33905
Remove				
2) Change		_		
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

1.6	g or adding additional Article tional sheets, if necessary). (	Be specific)		
/A				
		<u> </u>		<del></del>
			Long.	<u>.</u>
	•			
				<del></del>
	,			
•		-		
	<del> </del>			
_	dment provides for an exchar	nge reclassification	or cancellation of issue	d shares.
If an amen	s for implementing the amend	ment if not contained	d in the amendment its	elf:
If an amen provision:	applicable, indicate N/A)			
provision	applicable, malcule N/A)			
provision: (if not	аррпсате, такае гол)			
provision: (if not	аррисане, такие м/А)		<del></del> _	
provision: (if not	аррисаже, такие мл			
provision: (if not	аррисале, такие мл			
provision: (if not	аррисале, такие мл			
provision: (if not	аррисале, такие тл			
provision	аррисале, такие мл			
provision: (if not	аррисале, такие тл			
provision: (if not	аррисале, такие тл			
provision (if not	аррисале, такие тл			
provision (if not	аррисале, такие тл			

The date of each amendment(s)	adoption: 5/16/2013
Effective date if applicable:	5/17/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes or	ist for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 5/16/	2013
Signature	Xv-7/1/1
sele	a director, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
·	Edward L Marofi, Sr. (Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	President
	(Title of person signing)