V64720

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AUG 0 3 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: SIGNAL PEST CO	ONTROL, INC.					
DOCUMENT NUMB	BER:						
	of Amendment and fee are sub	omitted for filing.					
Please return all corres	pondence concerning this mat	ter to the following:					
	CHUCK MOGBO						
	Name of Contact Person						
	CHUCK MOGBO, P.A						
		Firm/ Company					
	4782 W. COMMERCIAL BLVD						
•	Address						
	TAMARAC, FL 33319						
		City/ State and Zip Cod	e				
стод	bo@bellsouth.net						
	E-mail address: (to be use	ed for future annual report	notification)				
For further information	concerning this matter, please	e call:					
СНИСК МОСВО		954 at (739-4669				
Name o	f Contact Person		de & Daytime Telephone Number				
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rriment 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			<u>Address</u>				
	ndment Section	Amendment Section					
	sion of Corporations Box 6327	Division of Corporations Clifton Building					
	hassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation	as currently filed with the Florida Dept. of State)
V64720	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
D. If amounting the assistance of a section of the	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	iFlorida street address)
New Registered Office Address:	. Florida
San Comments	(City) (Zip Code)
Naw Baristarad Agant's Signature if Agant - Desire	tuned Asserts
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. To	tered Agent: am familiar with and accept the obligations of the position.
Ci	ure 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)

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: XChange	<u>PT</u>	John De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	<u>Sally Smith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	Р		EARL P. MILES		17919 N.W 294 STREET	
X Add		-			OKEECHOBEE, FL 34972	
Remove						
2) Change	<u> </u>	_	DOROTHY M. MILES		17919 N.W 294 STREET	
Add X Remove					OKEECHOBEE, FL 34972	
						
3) Change	-	_				
Add						
Remove						
4) Change		_		_		
Add						
Remove						
5) Change		_		_		
Add						
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	. (Be specific)
	<u> </u>
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
., .,	

	01/01/18	
The date of each amendment(s) add	option:	if other than
date this document was signed. 01/01	/10	
Effective date <u>if applicable</u> :		
_ 	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	till not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) accient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopt action was not required.	ited by the incorporators without shareholder action and shareholder	
06/01/18		
Dated		
, , ,	1)21.7°	
Signature <u>(200</u>	ector, president or other officer – if directors or officers have not been	
-	by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that tiduciary)	
E	EARL P. MILES	
_	(Typed or printed name of person signing)	
F	PRESIDENT	
_	(Title of person signing)	

the

the