- L130000/2153

(Rec	questor's Name)				
(Add	dress)				
(Address)					
(City	//State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to F	Filing Officer:				
	_				

Office Use Only



800308445368

01/31/18--01013--003 **25.00



FEBOL 2018

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: /focus and Sons Post and Wildlife Services LLC, Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jason Howard Name of Person Howard and Sons Pest and Wilellife Services LLC Firm/Company						
D.O. 130x 382 Address						
Inverness, FL 3445/ City/State and Zip Code (all one coord) jason howard and sons (a) y mail com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Sasen Howard at (352) 232 - 7239 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$25 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 IOTIGU	•			•
1. Na	me of the limited liability company: Howard and	(Suns P	estanel Wild	Mife Services LL
2 (2)	4221 E Jamar La	(b)	P.O. Box	<i>></i> ۶°)
2. (a)	Principal office address of limited liability company:	_ (0)		of limited liability company:
	(Note: MUST BE STREET ADDRESS)		-	BE POST OFFICE BOX)
	(MIE. MUST DE STREET ADDRESS)		POR. MAI	DE (OST OFFICE BOX)
	Inverness, FL 34452		Inverne	ss; FL 34451
	Jan 24, 2013		£ 23.000	3/2/2 153
3.	Dan 24, 2613 Date of filing/registration in Florida	. 4	Document n	umber
				ambe.
5 (a)	United States Corporation Par Registered Agent and Registered Office shown on the records of the	יו שאיכונו	Tor.	
J. (4)	Registered Agent and Registered Office shown on the records of the	he Florida Der	ot. of State:	
	,			
	13302 Winding Oaks Court	-		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	-			
	Svite A			
	Tampa .FL	336	12	TILE MAIL AND SEE
	,			
(1.)	Jason Howard			# \
(b)			····	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address	<u>r</u> :	
	P.O. Box 382 42211	F 72m	0-/-	- - = 0
	· · · · · · · · · · · · · · · · · · ·	Jom	41-10	ي جي ان ا
	NEW Registered Office Address:			
	Incheness.			
			·	
		344:	<u>52</u>	
If the li	mited liability company is not organized under the law	vs of the Sta	te of Florida it is bei	rehy confirmed that after
the cha	nge or changes are made, the Florida street address of	the register	ed office and the busi	ness office of the registered
agent w	vill be identical. Or, in the case of a Florida limited lia	bility comp	any, it is hereby conf	irmed that the change(s)
was/we	re authorized by an affirmative vote of the members of	f the limited	liability company or	as otherwise provided in
the arti	cles of organization or the operating agreement of the l	limited liabi	lity company.	-
/	h d lin		Jane	
Signer	ure of a member or authorized representative of a member		Printed or type	d name of signee
7	•			
provisi the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act in I performance I for in Chaj iereby confi	this capacity. I furth e of my duties, and I pter 605, F.S. Or, if rm that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been
	hite/fru			
Signater	e of Registered Agent			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00