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To:

Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE MEN IN BLACK EXTERMINATORS LLC

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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.

I. Na	ume of the limited liability company: Men In Black lixt	terminators l	I.I.C
2. (a)	745 NW 132nd Terrace	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plantation Florida (US)33325		
	11/3/2022 12:00:00 AM	 L.:	22000472837
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
. (,	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Jacksonville, FI	32202	2023
(b)	Corporate Creations Network Inc.		2023 DEC -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	ress:
	801 US Highway 1		AH (165) ————————————————————————————————————
	NEW Registered Office Address:		: 50
	North Palm Beach , Fl	33408	
change agent v was/wo	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered ability com of the limit	I office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		Daniel	lle W. Gossman, Special Manager
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is a provided in writing of this change.	performan ed for in Ch hereby con	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed ifirm that the limited liability company has been
Signatu	re of Registered Agent	Gossman	n, Special Secretary