## P02000112482

(Re	equestor's Name)			
(Ad	ldress)			
(				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	≘ #)		
PICK-UP	☐ WAIT	MAIL		
_	_	·		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
opeoidi matruotiona to	Timing Officer.			
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Office Use Only



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FILED

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJE	ECT: Security Pest of Sarasota, Inc				
	(Name of Corpo	oration)			
DOCU	MENT NUMBER: P02000112482				
The en	closed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to t	he following:			
	AARIII O				
William Stover (Name of Contact Person)					
	(Name of Contact	11 013011)			
	Conviby Dook of Connects Inc				
Security Pest of Sarasota, Inc (Firm/Company)					
		•			
	13509 Prestige Place				
	(Address	)			
	Tampa Florida 33635				
(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:				
Willian	n Stover	+ ( 813 ) 891-7948			
***************************************	(Name of Contact Person)	t (813 ) 891-7948 (Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made payable to the Departmen	nt of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu nge is submitted for a corporation organized under the laws of the State of <u>Flor</u> r to change its registered office or registered agent, or both, in the State of Floric	ida		
		he corporation: Security Pest of Sarasota, Inc.			
		office address: 6341 Porter Rd #2			
	2. The principal	Sarasota, FL 34240			
v	3 The mailing a	ddress (if different): 13509 Prestige Place			
4	,	Tampa Florida 33635			
	4. Date of incorp	poration/qualification: 10/18/02 Document number: P020001124	82		
	5. The name and	street address of the current registered agent and registered office on file with the trnent of State:			
		Spiegel & Utrera, PA			
		1840 SW 22nd St 4th floor			
		Miami, FL 33145	Fu	80	•
¥	6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	EAE TARY	08 SEP -2	FILE
		William Stover	E C	PH H	Ċ
		13509 Prestige Place	STAT	## ##	
		(P.O. Box NOT acceptable)	Ď.L.i	30	
		Tampa Florida 33635			
	The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered a	gent,	
	Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ic <del>er</del> so		
	MMM	py of an officer or director)  William J State (Printed or typed name and title)	1er		
	I hereby accept	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered as ng filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	te perform zent. Or, onfirm the	nance if this at the	
	Wille	8/27/08			
	(Si	hature of Registered Agent) (Date)	<del></del>		
	If signing on be	half of an entity:			
		Typed or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)