Entity Name: FLORIDA PEST CONTROL & CHEMICAL CO.

Current Principal Place of Business:
116 NW 16TH AVE
GAINESVILLE, FL 32601

Current Mailing Address:
PO BOX 5369
GAINESVILLE, FL 32627 US

FEI Number: 59-6060716
Certificate of Status Desired: No

Name and Address of Current Registered Agent:
JOHNSON, RANDY S
116 N.W. 16TH AVE.
GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [Signature]
Electronic Signature of Registered Agent

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
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<td>Address</td>
<td>City-State-Zip:</td>
</tr>
<tr>
<td>PD</td>
<td>SAPP, DEMPSEY R JR.</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE FL 32601</td>
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<tr>
<td></td>
<td>Name</td>
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<tr>
<td>VD</td>
<td>FROWICK, CHAD E</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE FL 32601</td>
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<tr>
<td></td>
<td>Name</td>
<td>Address</td>
<td>City-State-Zip:</td>
</tr>
<tr>
<td>GM/DIRECTOR</td>
<td>MAHN, STEPHEN J II</td>
<td>116 NW 16TH AVE</td>
<td>GAINESVILLE FL 32601</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDY S. JOHNSON
Electronic Signature of Signing Officer/Director Detail

Date 04/23/2019