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.

VP

SIGNATURE: GAIL GALLO

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title Ρ Title VP GALLO, JOSEPH M. GALLO, GAIL Name Name Address

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.

4721 NW 5TH LANE BOCA RATON, FL 33431

Current Principal Place of Business:

FEI Number: 65-0026042

Current Mailing Address:

Name and Address of Current Registered Agent:

Entity Name: ALL IN ONE PEST CONTROL, INC.

GALLO, JOSEPH M.

DOCUMENT# K04977

4721 NW 5TH LANE BOCA RATON, FL 33431

FILED Mar 10, 2019 Secretary of State 6932950043CC

Certificate of Status Desired: Yes

Electronic Signature of Registered Agent

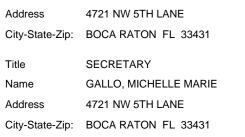
4721 NW 5TH LANE City-State-Zip: BOCA RATON FL 33431

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

Title SECRETARY Name Address 4721 NW 5TH LANE City-State-Zip:

4721 NW 5TH LANE BOCA RATON FL 33431 US

SIGNATURE:



03/10/2019 Date

Date