

508082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

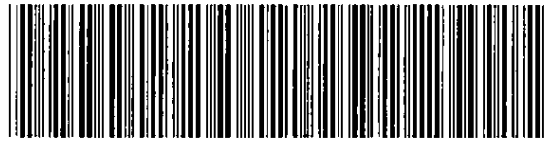
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

08/07/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA TERMITE AND PEST CONTROL, INC.
Name of Corporation

DOCUMENT NUMBER: 508082

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

James M Beucher

Name of Contact Person

FLORIDA TERMITE AND PEST CONTROL, INC.

Firm/Company

6401 35th St N

Address

Pinellas Park, FL 33781

City/State and Zip Code

jimbeucher@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M Beucher

Name of Contact Person

at (727) 239-8916

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Termite and Pest Control Inc
2. The principal office address: 6401 35th St N Pinellas pak Fl 33781
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/23/1976 Document number: 508082
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Maurer, Donald L, Sr.

945 55 Ave N

SAINT PETERSBURG, FL 33703

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James Martin Beucher

10443 50th Ave Cir North

P.O. Box NOT acceptable

St. Petersburg Fl 33708

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Donald L Maurer
Signature of an officer or director

Donald Leroy Maurer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

James M. Beucher
Signature of Registered Agent

James Martin Beucher

Date

If signing on behalf 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 (04/13)