

597606

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T. CARTER

THE OZARK LAW FIRM, P.A.

Attorney At Law

2816 Manatee Avenue West

Bradenton, Florida 34205

Telephone: (941) 750-9760

Facsimile: (941) 750-9761

DMOZARK@OPNLAWGROUP.COM

DAMIAN M. OZARK

Admitted in Mississippi
Admitted in Colorado

August 15, 2014

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: MOLTER TERMITE & PEST CONTROL, INC.
Document No.: 597606

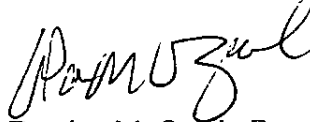
Dear Ladies and Gentlemen:

I am enclosing the following in reference to the above corporation.

1. Cover Letter;
2. Statement of Change of Registered Office or Registered Agent or Both for Corporations; and
3. Firm Check made payable to Florida Department of State in the amount of \$35.00.

Should you have any questions or require anything additional, please do not hesitate to contact me. With kindest wishes, I remain,

Very truly yours,
THE OZARK LAW FIRM, P.A.



Damian M. Ozark, Esquire

DMO:ks

Enclosures:

Cover Letter
Statement of Change of Registered Office or Registered Agent or Both for Corporations
Firm Check made payable to Florida Department of State in the amount of \$35.00.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Molter Termite & Pest Control, Inc
Name of Corporation

DOCUMENT NUMBER: 597606

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:

Mallory Molter
Name of Contact Person

Molter TERMITE & Pest Control, Inc
Firm/Company

5306 MANATEE Ave W
Address

BRADENTON, FL 34209
City/State and Zip Code

MalloryMolter@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN M. OZARK at (941) 750-9760
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOLTER TERMITE AND PEST CONTROL, INC.
2. The principal office address: 5306 MANATEE AVENUE WEST
BRADENTON, FL 34209
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/15/78 Document number: 597606

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)

DAN E. Molter, (Deceased)
5309 4th Ave West
BRADENTON, FL 34209

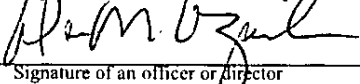
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DAMIAN M. OZARK
2816 MANATEE AVENUE WEST
P.O. Box NOT acceptable
BRADENTON, FLORIDA 34205

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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.


Signature of an officer or director

DAMIAN M OZARK
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.


Signature of Registered Agent

8/6/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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