F21000004724

(D) and I Mark	
(Requestor's Name)	
	-
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
	
Special Instructions to Filing Officer	

Office Use Only



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OBAIBOBE

2021 OCT -4 PM 3:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I20000001	95	
	REFERENCE	:	978613	8287490	
	AUTHORIZATION	:	The second	7	
	COST LIMIT	:	\$ 35.00	Alm	
ORDER DATE : Au					
ORDER TIME : 2	2:49 PM				
ORDER NO. : 9	78613-015				
CUSTOMER NO:	8287490				
		- - -			
CHANGE OF AGENT					
NAME :	AMBASSADOR PES	ST !	MANAGEMENT,		
PLEASE RETURN TH	HE FOLLOWING AS	PRO	OOF OF FILI	NG:	
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporat	on organized under the laws of the State of Del	aware
		or registered agent, or both, in the State of Flor	ida.
		R PEST MANAGEMENT, INC.	
2. The principal	office address: 1401 FORSYTH	HE RD, WEST PALM BEACH, FL 33405	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/17/20	Document number: F21000004	724 8
	I street address of the current reptiment of State: (If resigned, ent	gistered agent and registered office on file with er resigned)	- []
	KAPLAN, BEN	=	是上了
	140 FORSYTHE RD.		MI 9: 03
	WEST PALM BEACH, FL 33	405	03
6. The name and (if changed):	•	tered agent (if changed) and /or registered office	
	Corporation Service Compan	y	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and t be identical.	he street address of the business office of its re	gistered agent,
Such change wa authorized by th	is authorized by resolution dul- be board, or the corporation has	y adopted by its board of directors or by an offi s been notified in writing of the change.	cer so
/s/ Anthony Busquets		Anthony Busquets	
		Printed or typed name and title	
l further agree t of my duties, an document is bei corporation has	the appointment as registered o comply with the provisions of all and acceping filed merely to reflect a chaben been notified in writing of this a Service Company	agent and agree to act in this capacity, of all statutes relative to the proper and comple of the obligation of my position as registered aginge in the registered office address. I hereby cost change.	te performance yent. Or, if this onfirm that the
By: Drace T	-kuby	10/04/21	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ty	ped or Printed Name		
	* * * FII	LING 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)