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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BUGS B GONE OF FLORIDA (Name of Limited Liability Company)
(Name of Emitted Elability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK ALAN DUFFY (Name of Person)
(Name of Person)
(Firm/Company)
8421 BAY MEADOWS WAY, STE 1 (Address) TACKSONVILL, PL 32256 (City/State and Zip Code)
(/duicss)
JACKSONVILL, PL 32256 (City/State and Zin Code)
(Only/State and 21p Code)
For further information concerning this matter, please call:
MARK ALAN DUFFY (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$25.00 Filing Fee \$\square\$\$\$30.00 Filing Fee & \$\square\$
Enclosed is a check for the following amount: \$25.00 Filing Fee & \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee &
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration 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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ageni, or boin, in the state of Pioriaa.
 The name of the limited liability company is: Bigs B GONE OF FLONIDA. The mailing address of the limited liability company is: 8421 Baymeadows WAY. STe
2. The mailing address of the limited liability company is: 8421 Baymeadows WAY. The
JACKSONVILLO, FLORIDA 32756
5/3/07 L0700047084 3. Date of filing/registration in Florida 4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
LABAD, VICTOR L Name
Name 5550
Address
SSSO CASA VEDRA CT Address JACKSON VILLE, FL 32244 US City, State and Zip
6. The name and address of the new registered agent and/or office:
Name 8421 Baymeadows Way STE Florida street address (P.O. Box NOT acceptable) Florida STE
Name
Elorido estrat address (B.O. Pay NOT accountable)
Jacksonillo FL 32256 ARE OF TI
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is flereby
confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
or the operating agreement of the limited liability company.
Salone Patterm
(Signature of a member or authorized representative of a member)
Salone Patterson
(Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lightly company has been notified in writing of this edition.
Mark ala 10-11
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bugs B GONE OF Florida (Present Name) (A Florida Limited Liability Company)	 		
FIRST:	The Articles of Organization were filed on 5-3-07 and assigned document number 40700047084.			
SECOND:	This amendment is submitted to amend the following:			
	CHange Manger FROM VICTOR L, LABA	90	_	
	TO: SALOME PATTERSON		_	
	7707 MCCOWAN DRIVE	SHO	20 0.7	
	CHange Manger FROM VICTOR L, LABA TO: SALOME PATTERSON 7707 MCCOWAN DRIVE JACKSONVILLE, PL 32244	AHA AHA	2007 OCT	
		SET	<u>-</u> 5	
		r= 60	PH :	
		ATE ORID/	<u>_</u>	
				
			_	
Dated	8-5-2007			
	Salome Patterson			
	Signature of a member or authorized representative of a member		_	
	Salome Patterson Typed or printed name of signee		_	

Filing Fee: \$25.00