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COVER LETTER

Division of Corporations	
SUBJECT: TS and En	120 Menta Pest Control ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Brenda Morgo Name of Person	
ISIANO ENVIRON Firm/Company	mental Pest-Control LLC
990 W 15th 5	\
RIVI-CRA BEACH City/State and Zip Code	FL 33404
E-mail address: (to be used for future and	wal report notification)
For further information concerning this matter,	please call:
Brenog Morgan	at (54) 358-7140 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.01/14 or 605.0116, 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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number (a) on the records of the Florida Dept, of State: Registered Agent and Registered Office shown Registered Office Address (MUST BE PLORIDA STREET ADDRESS) Registered Agent and/or NEW Registered Office address: Enter name of NEW **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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. Eignature of a member or authorized representative of a member 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 605, F.S. Or, if this document is being filed to merety reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in fitting of this change.

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

Signature of