## L09000028786

Murray Past Contro, (Requestor's Name)	
(Requestor's Name)	
PO BOX 27230 (Address)	
(Address)	
(Address)	
Baca Raton, F1 33427 (City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
: PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



100168451651

03/01/10--01052--012 \*\*25.00

FILED

10 MAR -1 AM II: 37

SECRETARY OF STATE
SECRETARY SEE, FLORIDA

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

<b>6</b>		
Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered	
1. Name of the limited liability company: \( \gamma \psi \psi \psi \psi \psi \psi \psi \psi	y Pest Contrel, LLC	
2. (a) Principal office address of limited liability company	I MURRAY PEST Control, LCC	
(Note: MUST BE STREET ADDRESS)	1025 SW 1544 St. BOCA RAHOM FC 33486	
(b) Mailing address of limited liability company:	MURICALI PEST CONTRES. LLC	
	172030 J	
(Note: MAY BE POST OFFICE BOX)	Poca Ruton, FL 33427	
03/24/2009	L09000028786	
3. Date of filing/registration in Florida	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	John M. MURRAY	
Registered Office Address:	PAUM BAY FEET TO	
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address	
NEW Registered Agent:	John M. MURRAY :	
NEW Registered Office Address:	1005 SW 15 +h BF	
(MUST BE FLORIDA STREET ADDRESS)	BOCA Ration FL 33484	
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.  Signature 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 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.		
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		