

L13000001717

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DIVISION OF CORPORATIONS
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FEB 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWIND PEST & TERMITE OF CENTRAL FLORIDA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES W WHITTAKER

Name of Person

SOUTHWIND PEST & TERMITE OF CENTRAL FLOF

Firm/Company

P O BOX 1306

Address

BAINBRIDGE, GA 39818

City/State and Zip Code

CWHITTAKER@DOWDYWHITTAKER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES W WHITTAKER

at (229)

246-7500

Name of Person

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 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.

1. Name of the limited liability company: SOUTHWIND PEST & TERMITE OF CENTRAL FLORIDA LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2500 DRANE FIELD ROAD, SUITE 101

P O BOX 1306

LAKELAND, FL 33811

BAINBRIDGE, GA 39818

07/07/2016

L13000001717

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) LYONS, EUGENA L

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SOUTHWIND PEST & TERMITE OF CENTRAL FLORIDA LI

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1535 NW CAPITAL CIR, UNITS 3 & 4

TALLAHASSEE, FL 32303

(b) CAROLYN OLIVE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

SOUTHWIND PEST & TERMITE OF CENTRAL FLORIDA LI

NEW Registered Office Address:

4567 CAPITOL CIRCLE NW, SUITE J

TALLAHASSEE, FL 32303

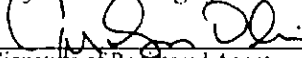
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

CHARLES W WHITTAKER

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 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

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