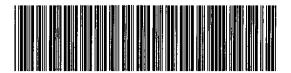


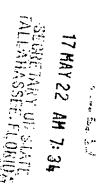
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation	ons ·			
2				
SUBJECT:	FRIENDLY PEST SOLUTIONS LLC Name of Limited Liability Company			
	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:				
JUAN Z	PRAMINO			
Name	of Person			
FRIEND PER SOURCE				
FRIENDLY PEST SOWTIONS Firm/Company				
1.225 LAKE HIGHVIEW LP				
Add	lress			
BRANDON, FL 33510				
City/State and Zip Code				
FRIENDLY PEST SOLUTIONS QVEUZON. NET E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JUAN JARAMINO a1 (813) 810-8464				
Name of Pers				
	•			
STREET/COURIER Registration Section	ADDRESS: MAILING ADDRESS: Registration Section			
Division of Corporati				
Clifton Building	P.O. Box 6327			
2661 Executive Center				
Tallahassee, Florida 3	2301			
Enclosed is a check for the following amount:				
\$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 605.0114 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. N	ame of the limited liability company: FRIENDLY PEST	SOLUTIONS
2. (a)	1225 LAKE HIGHVIEW LN (b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/05/2016 LIG	,0000 <i>886</i> 94
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	UNITED STATES CORPORATION AGE	NTS INC.
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	e:
	13302 WINDING OAK CT A	Zo.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	TAMPA ,FL33612	25 25 See 12 25
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(b)	JUAN JARAMILO	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	1225 LAKE HIGHYIEW LN	
	NEW Registered Office Address:	_
	registration of the Audiess.	
		_
	BRANDON FL 33510	
	,	-
If the l	imited liability company is not organized under the laws of the State of Fl ange or changes are made, the Florida street address of the registered offic	orida, it is hereby confirmed that after
agent v	will be identical. Or, in the case of a Florida limited liability company, it is	s hereby confirmed that the change(s)
the art	ere authorized by an affirmative vote of the members of the limited liabilities of organization on the operating agreement of the limited liability cor	y company or as otherwise provided in nepany.
	70	Printed or typed name of signee
_	1 /	
I here provise the ob- to mer notifie	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60: ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agen	
	Division of Cornerations P.O. Roy 6327 Tollaho	SSOR FI 32314

**FILING FEE: \$25.00**