L23000251470

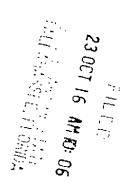
(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
J. HORNE OCT 2 5 2023				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
LMZ Pest Control, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the	following:					
Dina Mesa						
Name of Person						
LMZ Pest Control						
Firm/Company						
8244 NW 107th Path Apt. #4						
Address						
Miami, FL 33178						
City/State and Zip Code						
Imzpestcontrol@gmail	.com					
E-mail address: (to be used for future annual report not	fication)					
For further information concerning this matter, please call:						
Dina Mesa	343-2507					
Name of Person	Area Code & Daytime Telephone Numbe					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						
S25 Filing Fee □	5 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.

l. Na	ame of the limited liability company:	LM.	Z Pest C	Control	
) 1111	8244 NW 107th Path apt #4 Miami, FL. 33178	(8244 NW	107th Path apt #4 Miami, FL. 33178	
()	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_ `		iling address of limited liability company: Note: MAY BE POST OFFICE BOX	
	May 22nd 2023	- 		L23000251470	
١.	Date of filing/registration in Florida	4.		Document number	
s. (a)	Dina Mesa		15 . 20.	T.	
	Registered Agent and Registered Office shown on the records of the	ne Ploric	a Dept. of Sta	te:	
	8244 NW 107th Path Registered Office Address (MUST BE FLORIDA STREET A	DDRFS	<u> </u>	_	
	Registered Office Address [MOST BET EOWINT OF REAL 2.1		<u>,</u>		
	Miami , FL		33178	23 OCT 16 AM ED: (
(h)	GRECIA TORO			6 2	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	11445 SW 252ND ST			10899	
	NEW Registered Office Address:			- 3. On	
	PRINCETON .FL		33032	<u> </u>	
chang agent was/w the art Sign I here provis the ob	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of amember or authorized representative of a member who accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete of igations of my position as registered agent as provided rely reflect a change in the registered office address. The din writing of this change	registe shility of the li limited	ompany, it nited liability co	the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signee	
Signat	ure of Registered Agent				