L90262

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Duniage Fathy Nama)		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming officer.		

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October 25, 2017

EDDY MORALES U BUG ME PEST CONTROL, INC. 13591 SW 135TH AVE UNIT 102 MIAMI, FL 33186

SUBJECT: U BUG ME PEST CONTROL, INC.

Ref. Number: L90262

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

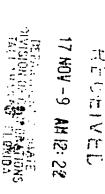
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 417A00021535



COVER LETTER

Division of Corporations		
SUBJECT: U BUG Me Pest Co	me of Corporation	
DOCUMENT NUMBER: L90262		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eddy	Morales . ne of Contact Person	
U Bug M	PRUT CONTION INC.	
13591 JW 135+	h Ave unit 102	
Miami FL 33186 City/State and Zip Code		
Ubugme pest of E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter,	please call:	
Eddy A MovallS Name of Contact Person	at (786) 232 - 1744 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327	Street Address: Amendment Section ions Division of Corporations Clifton Building	
I O. DON OUT /	Chron building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Floyida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: UBUGME PEST CONTROL, THE. 2. The principal office address: 13591 SW 135th Ave Unit 102
Miami, FL 3:3186.
3. The mailing address (if different): Sume
4. Date of incorporation/qualification: Akr, 1992 Document number: L90262
4. Date of incorporation/qualification: Akr, 1992 Document number: L90262
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Eddy Morales
935) SW 167CT
Miami, FL 33196 = = = = = = = = = = = = = = = = = = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Eddy Morgles
13591 SW 135th AVC Unit 102 P.O. Box NOT acceptable
MidMi, FL 33186.
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
EOY A MODALES, PRESIDENT
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *