



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2018

PELICAN PEST PREVENTION OF FLORIDA, LLC
4720 JONES CREEK ROAD
BATON ROUGE, LA 70817

SUBJECT: PELICAN PEST PREVENTION OF FLORIDA, LLC
Ref. Number: M08000001227

It has been called to our attention that the above named entity has designated MICHAEL R. COHN as Registered Agent with an incorrect registered office.

We are asking you to file a change of registered office address with office to correct the filing error. The registered office must have a Florida street address.

Please complete the enclosed Statement of Registered Office or Registered Agent form. Return the completed form and appropriate fee to my personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by January 2, 2019.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 218A00022663

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Pest Prevention of 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:

Stephanie Hebert for Michael Cohn
Name of Person

Pelican Pest Prevention of Florida, LLC
Firm/Company

4020 Kidron Rd # 8
Address

Lakeland, FL 33811
City/State and Zip Code

Stephanie@arrowterm.treatmentandpest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Hebert at (800) 809-2936
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: Pelican Pest Prevention of Florida, LLC

2. (a) 4020 Kidron Rd #8
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 4020 Kidron Rd #8
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Labeland, FL 33811

Labeland, FL 33811

3. Date of filing/registration in Florida

4. Document number M09000001227

5. (a) Michael Cohn
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4020 Kidron Rd #8
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Labeland, FL 33811

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

4020 Kidron Rd #8
NEW Registered Office Address:

Labeland, FL 33811

FILED
 2010 DEC 26 P 4:17
 TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Michael Cohn
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]
Signature of Registered Agent