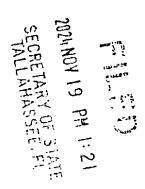
M19000005953

(Reque	stor's Name)		
(Addre	ss)	 	
	 		
(Addre	55)		
(City/S	ate/Zip/Phone	= #)	
PICK-UP [WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filin	g Officer.		



900439821999

11/19/24--01032--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
WellTech Pest solutions LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning to	this matter to the	e following:			
E Jay Wells					
Name of Person					
WellTech Pest Solutions LLC	•				
Firm/Company					
9205 N Connechusett Rd					
Address					
Tampa Florida 33617					
City/State and Zip Code					
jaywells@wclltechpest.com		SE	41		
E-mail address: (to be used for future ar	nnual report noti	fication)	· France		
For further information concerning this matte	r, please call:	是是			
Jay Wells	770 at (527-9192 (500)			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the followin	g amount:				
■ \$25 Filing Fee	<u> </u>	S55 Filing Fee & Certified Copy			

INHS18 (2/14)

ANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTAL LIMITED LIABILITY COMPANY

STATESwing statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company: WellTech Pest S	Solutions L	LC
∠. (a)	(t	D)
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9205 N Connechusett Rd		P O Box 243
	Tampa Florida 33617		Woodstock Ga30188
	02/11/2019		M19000005953
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Ellison Sam		
J. (e	Registered Agent and Registered Office shown on the records o 1717 E 9th Ave Tampa Florida 33605	f the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1717 E 9th Ave	ADDRESS	<u>u</u>
	Tampa, F	L 33605	
71.	Ryan Isenberg		
(b	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:
	NEW Registered Office Address:		/
	1200 Altmore Ave		
	Sandy Springs	30324 L	SECRE
		~	PP
chang agent was/v the ar	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the later of a member of authorized representative of a member eby accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I	e registere iability co of the limited l	ed office and the business office of the mpany, it is hereby confirmed that the ited liability company or as otherwiciability company. Printed or typed name of the this canacity: I further agree
nouju	ed in writing of this change. Ture of Registered Agent	·	