

M79400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

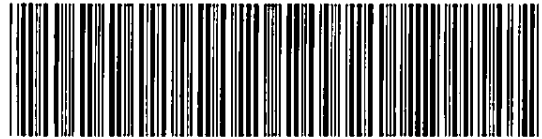
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JAN 17 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dean A. Soles Pest Control, Inc.
Name of Corporation

DOCUMENT NUMBER: M 79400

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:

David L'Eon
Name of Contact Person

Dean A. Soles Pest Control, Inc.
Firm/Company

7033 119TH St.
Address

Seminole, FL 33772
City/State and Zip Code

dave.leon73@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L'Eon at (727) 643-1888
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Dean A. Soles Pest Control, Inc
2. The principal office address: 7033 119TH ST
Seminole, FL 33772
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: M79400
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)

Dean A. Soles
8103 Bardmoor Place #202
Seminole, FL 33777

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David P. L'Eon
7033 119TH ST.
P.O. Box NOT acceptable
Seminole, FL 33772

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.

Jennifer J. L'Eon
Signature of an officer or director

Jennifer J. L'Eon, President
Printed or typed name and title

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.

David P. L'Eon
Signature of Registered Agent

12/13/23
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)