M80745

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Office Use Only



ACCOUNT NO. : 072100000032					
REFERENCE : ⁻ 814297 7197	430				
AUTHORIZATION :	P.+				
COST LIMIT : 5 35.00 atricia	- Marino				
ORDER DATE : November 8, 2002 =	_ ·				
ORDER TIME : 11:53 AM					
ORDER NO. : 814297-160	•••				
CUSTOMER NO: 7197430	<u> </u>				
CUSTOMER: Mr. Santino Ferrante					
Ferrante & Associates	<u> </u>				
126 Prospect Street	_				
Cambridge, MA 02139	·				
CHANGE OF AGENT	•				
NAME: PRIME PEST CONTROL, INC.					
MARIE. FRIME PEOP CONTROL, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	-				
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Mimi Replogle EXT# //28					

EXAMINER:

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

of Florida.					
1. The name of	f the corporation: Prime Pest Contr	rol, Inc.			*
2. The principa	al office address: 6300 Park of Con	nmerce Blvd.		· · · · · · · · · · · · · · · · · · ·	
	n, FL 33487				
3. The mailing	address (if different): same		#		<u> </u>
			=	<u>.</u>	
4. Date of inco	rporation/qualification: Florida	<u>5-13-88</u>	_ Document number:	M80745	
	nd street address of the current regi artment of State:	stered_agent	and registered office of	on file with the	
	CT Corporation System	<u> </u>	·	1 <u>V:</u> 03	-
	1200 South Pine Island Road	- <u>-</u>			
	Plantation, FL 33324	=		ASS ASS	
	and street address of the new regi	stered agent	t (if changed) and /or		(if
changed):	Corporation Service Company		······································	ORID IATE	
	1201 Hays Street	- · ·			
	(P.O. Box or persona	I mailbox NOT a	eceptable)		
	Tallahassee, FL 32301				

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.

(Signature of an officer chairman or vice chairman of the board)

Wendy Lang, Secretary & Treasurer (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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Sylvia	Oueppet	
	(Typed or Printed)	Name)

Asst. Vice President (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSLE, FL 32314