

P000000013067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

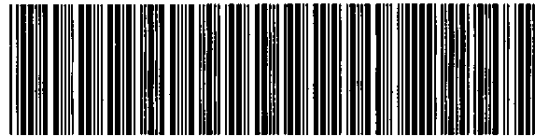
(Business Entity Name)

(Document Number)

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R.A. Chase

C.COULLETTE

NOV 18 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAST COAST PEST MANAGEMENT INC.
Name of Corporation

DOCUMENT NUMBER: P00000013067

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:

LENNY MALUSKY
Name of Contact Person
EAST COAST PEST MANAGEMENT INC.
D.B.A. FIRST CHOICE FERTILIZATION & PEST CONTROL
Firm/Company

15097 73 ST. NORTH
Address

LOXAHATCHEE FL. 33470
City/State and Zip Code

EASTCOASTLENNY@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENNY MALUSKY at (561) 634-5400
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: EAST COAST PEST MANAGEMENT INC.
2. The principal office address: 3283 SW 42 AVE. PALM CITY, FL. 34990
3. The mailing address (if different): P.O. Box 1174 PALM CITY, FL. 34991
4. Date of incorporation/qualification: 02/02/2000 Document number: PC00000013067
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)

Lenny Malusky
15097 73 ST. NORTH
LOXAHATCHEE, FL. 33470

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

Lenny Malusky
3283 SW 42 AVE
P.O. Box NOT acceptable
PALM CITY, FL. 34990

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TALLAHASSEE, FLORIDA

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.

Lenny Malusky
Signature of an officer or director

Lenny Malusky / 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.

Lenny Malusky
Signature of Registered Agent

11/11/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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