

P02000093125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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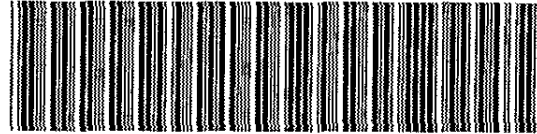
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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ASAW

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

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DIVISION OF 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.

2007 JAN 18 PM 1:06

1. The name of the corporation: TURNER PEST MANAGEMENT, INC.
2. The principal office address: 1200 RIVERPLACE BLVD, SUITE 902  
JACKSONVILLE, FL 32207
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/27/2002 Document number: PO200093125
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Intrastate Registered Agent Corp.

701 Brickell Avenue

Miami, FL 33131

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

Ashton Hudson

1200 Riverplace Blvd Suite 902

(P.O. Box NOT acceptable)

Jacksonville, FL 32207

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]  
(Signature of an officer or director)

Art Cahoon, 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.

[Signature]  
(Signature of Registered Agent)

1-15-07

(Date)

If signing on behalf of an entity:

Ashton Hudson

(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 (8/05)