

PU3000064649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

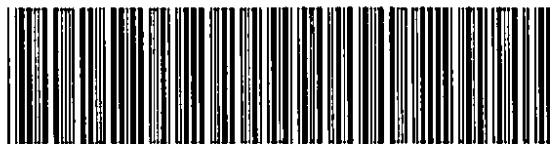
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2018 MAY 18 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. GOLDEN

MAY 21 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Pecora Pest Management Inc.  
Name of Corporation

DOCUMENT NUMBER: P03000064649

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:

Sal Pecora  
Name of Contact Person

Pecora Pest Management Inc.  
Firm/Company

2190 Tarragon Rd.  
Address

West Palm Beach, FL. 33415  
City/State and Zip Code

Pecorapestmanage@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sal Pecora at ( 954 ) 650-4711  
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: Pecora Pest Management Inc.
2. The principal office address: 2190 Tarragon Rd. West Palm Beach, FL 334115
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/11/2003 Document number: P03000064649
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)


Sal Pecora - 2190 Tarragon Rd. WPB, FL 33411  
Director

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

Kayleigh Pecora - 2190 Tarragon Rd. WPB, FL 33415  
New Registered Agent  
P.O. Box NOT acceptable

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 or director

Sal Pecora - Director  
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.*

Kayleigh Pecora - NEW  
Signature of Registered Agent

5/15/2018  
Date

If signing on behalf of an entity:

Kayleigh Pecora  
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

**FILED**  
**2018 MAY 18 PM 4:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**