## P03000011734

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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Boltin Furnigation, Inc.		
DOCUMENT NUMBER: 103000 77734		
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:		
Kennis Rottin (Name of person)		
Botho Funigation, Inc. (Name of firm/dompany)		
15534 115 30 1 (Address)		
Dade City, FL 33523 (City/state and zip code)		
For further information concerning this matter, please call:		
Lacy S. Rolfin at (352) 567-2395 (Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

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

## 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: 2. The principal office address: 3. The mailing address (if different):\_ Document number: \$\int 0.3000 77734 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 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. 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. If signing on behalf of an entity: (Capacity) (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE