

P03000147946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

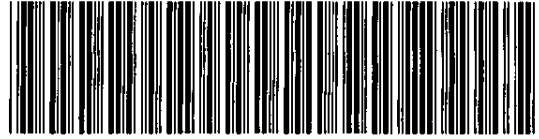
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lamber US Inc (Name of Corporation)

**DOCUMENT NUMBER:** P03000147946

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:

Dion Cook (Name of Contact Person)

Lamber US Inc - DBA Allmax Pest Control  
(Firm/Company)

5925 Imperial Parkway, Suite 216A  
(Address)

Mulberry, FL 33860  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dion Cook at ( 863 ) 397 5544  
(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

