

P04000102308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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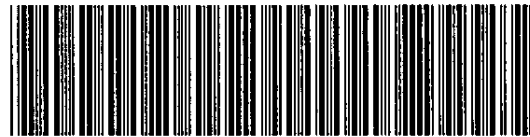
(Business Entity Name)

(Document Number)

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05/09/12--01008--022 **35.00

RA Change
11/09/12
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

JOHN CRANMER
DALIS PEST MANAGEMENT, INC.
2432 CAMDEN CT.
NAPLES, FL 34105

SUBJECT: DALIS PEST MANAGEMENT, INC.
Ref. Number: P04000102308

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ADDRESS FOR THE NEW REGISTERED AGENT SEEMS TO HAVE SOME TYPOGRAPHICAL ERRORS AS SHOWN IN #6 OF THE CHANGE OF REGISTERED AGENT FORM. PLEASE CORRECT YOUR DOCUMENT ACCORDINGLY.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 612A00015051

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DALIS PEST MANAGEMENT**

Name of Corporation

DOCUMENT NUMBER:

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:

JOHN CRANMER

Name of Contact Person

DALIS PEST MANAGEMENT

Firm/Company

2432 CAMDEN CT

Address

NAPLES, FL. 34105

City/State and Zip Code

dalispest@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CRANMER

Name of Contact Person

at **239 287-7937**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DALIS PEST MANAGEMENT, INC.
2. The principal office address: 2432 CAMDEN CT, NAPLES FL. 34105
3. The mailing address (if different): 2432 CAMDEN CT. NAPLES, FL. 34105
4. Date of incorporation/qualification: July 09, 2004 Document number: 204600102308

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)

JEANNE SEEWALD (RESIGNED)
800 LAUREL OAK DRIVE
NAPLES, FL. 34108

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

JOHN CRANMER
2432 CAMDEN CT
P.O. Box NOT acceptable
NAPLES, FL. 34105

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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

JOHN CRANMER, Pres.
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

7-31-2012
Date

If signing on behalf of an entity:

John Cranmer
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

850 - 245 - 6897 ATTN DAILENE