(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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03/25/16--01027--021 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Big T PEST Control Name of Corporation		
DOCUMENT NUMBER: PO4000154120		
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: LOUIE MENDES, PRESIDENT PAHY NEWELL VICE PRESIDENT Name of Contact Person BIGT PREST CONTACT		
BIGT PEST Control Firm/Company		
12481 DEWEY ROAD Address		
BONITA Springs, FL 34135 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LOUIE MENDES at (239) 273-8553 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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BIQT PEST Control
2. The principal office address: 12481 DEWEY Road, Bonita Springs,
34135
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/28/2014 Document number: P04000154120
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)
JOHN Franta
12481 DEWEY Road
Bonita Springs, FL 34135
6. The name and street address of the new registered agent (if changed) and /or registered affice (if changed):
Bonita Springs, FL 34135
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.
John K Franta
Signature of an officer of director 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 of Registered Agent 2/5/2016 Date
If signing on behalf of an entity:
Big T Pest Control - JOHN Franta, VP

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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