

PO1000108624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

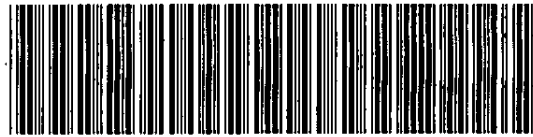
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO 1000108624
11/24/09
12

COVER LETTER

TO: : Amendment Section
Division of Corporations

SUBJECT: Knockdown Pest Control, Inc.
Name of Corporation

DOCUMENT NUMBER:

PO7000108624

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:

Wayne L. Hunton
Name of Contact Person

Knockdown Pest Control, Inc.
Firm/Company

2750 Old St. Augustine Road, C22
Address

Tallahassee, Florida 32301
City/State and Zip Code

waynehunton@knockdownpestcontrol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne L. Hunton
Name of Contact Person

at (850) 270-9367
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2009

WAYNE L HUNTON
2750 OLD ST AUGUSTINE RD C22
TALLAHASSEE, FL 32301

SUBJECT: KNOCKDOWN PEST CONTROL, INC.
Ref. Number: P07000108624

We have received your document for KNOCKDOWN PEST CONTROL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Wayne Hunton the registered agent change.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 509A00035744

2009 NOV 13 AM 10:00
RECEIVED
DIVISION OF CORPORATIONS

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

1. The name of the corporation: Knockdown Pest Control, Inc
2. The principal office address: 2750 OLD ST. Augustine RD.,
C22, TALLAHASSEE, FL 32301
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/2/07 Document number: P07000108624

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)

Wayne L. Hunton
1002 SW 88 Ct.
MIAMI, FL 33174

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

2750 OLD St. Augustine RD., C22
Tallahassee FL 32301
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.

Wayne L. Hunton
Signature of an officer or director

Wayne L. Hunton, President
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.

Wayne L. Hunton
Signature of Registered Agent

11/20/09
Date

If signing on behalf of an entity:

Wayne L. Hunton
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

CR2E045 (8/05)

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AND
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TALLAHASSEE, FLORIDA