

P120000 18033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

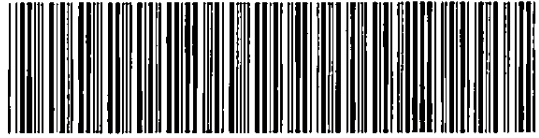
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: Registration Section
Division of Corporations

SUBJECT: AB BUGS PEST CONTROL, INC.

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office is

Please return all correspondence concerning this matter to the following:

ANTONIO BARREIRO

(Name of Person)

AB BUGS PEST CONTROL, INC.

(Firm/Company)

653 LA COSTA ST.

(Address)

MINNEOLA, FL 34715

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO BARREIRO

352

243-2847

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**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. AB BUGS PEST CONTROL, INC.
2. 02/22/2012 3. P12000018033 4. 80-0787748
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 653 LA COSTA ST MINNEOLA, FL 34715
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

KABA CONSULTING INC

17011 FL-50

CLERMONT, FL 34711

7. New registered agent and/or office address:

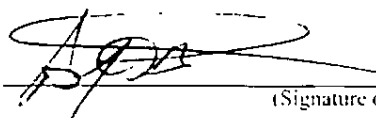
ANTONIO BARREIRO

653 LA COSTA ST

MINNEOLA, FL 34715

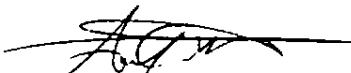
(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10.  _____
(Signature of chairman, vice chairman, or officer)

11. ANTONIO BARREIRO
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

 _____
(Registered agent accepting appointment)

3/14/2023
(Date)

FILING FEE: \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314**