

PI20000 227 19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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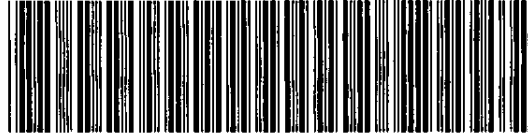
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Xact Natural Pest Management Inc
Name of Corporation

DOCUMENT NUMBER: P12000022719

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:

Monica Ayala
Name of Contact Person

Xact Natural Pest Management
Firm/Company

3646 NW 16 ST
Address

Lauderhill, Florida 33311
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica Ayala at 754, 246-9529
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: XACT Natural Pest Management Inc
2. The principal office address: 3646 NW 16 ST
Laudeehill, Florida 33311
3. The mailing address (if different): 3646 NW 16 ST
Laudeehill, Florida 33311
4. Date of incorporation/qualification: 03/06/2012 Document number: P12000022719
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)

Monica Ayala
600 NW 76 Ave
Plantation, Florida 33324

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

Monica Ayala
3646 NW 16 ST
Laudeehill, Florida 33311

(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.

Monica Ayala
Signature of an officer or director

Monica Ayala
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.

Monica Ayala
Signature of Registered Agent

July 8, 2015
Date

If signing on behalf of an entity:

Monica Ayala
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

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