P10000015815

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



000282746860

03/14/16--01034--016 **35.00

MINITED 2016 HAR IN PH 3: 25

RACHS

MAR 18 2016 I ALBRITTON

COVER LETTER

Amendment Section Division of Corporations

:OT

ha naihas I saua Otab
Firm/Company
Bug-A-Nator Pest Service Corporation
Name of Contact Person
Brian Calorel
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:
роспием иливев: Б16000015815
Change of Registered Agent

E-mail address: (to be used for future annual report notification) Jeannie617@bellsouth.net City/State and Zip Code St. Hugustink, FL 32092

For further information concerning this matter, please call:

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Tallahassee, FL 32301 2661 Executive Center Circle Clifton Building Division of Corporations Street Address: Amendment Section

Tallahassee, FL 32314 P.O. Box 6327 Division of Corporations Amendment Section Mailing Address: CKSE042 (03/15)

Brian Calorel

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida & organized under the laws of the State of	Florida
		egistered agent, or both, in the State of I	Florida.
1. The name of	the corporation: Bug-A-Nator P	est Service Corporation	
2. The principal	office address: 4410 Rues Lar	nding Rd., St. Augustine, FL	32092
3. The mailing a	address (if different): 1960 US H	lwy 1, South, PMB 229	
		ine, FL 32086	
4. Date of incorp	poration/qualification: 03/01/20	Document number: P1600	0015815
5. The name and		ered agent and registered office on file w	ith the
	Brian Calorel		
	4410 Rues Landing Rd.		
	St. Augustine, FL 32092		PSE TE
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered of	
	Jeannette Calorel		PH 3:
	4410 Rues Landing Rd.		3. 2.
		x NOT acceptable	意思の
	St. Augustine, FL 32092		
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of it	s registered agent,
Such change was authorized by the	as authorized by resolution duly adhe board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer so
De Signati	ure of an officer or director	Brian Calorel Printed or typed name and tit	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with a uis document is being filed merely to that the corporation has been noti	nt and agree to act in this capacity. I statutes relative to the proper and con and accept the obligation of my position o reflect a change in the registered offic fied in writing of this change.	nplete i as registered se address, I
1. Ho	coll	7-10-16 Date	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Jeannette (Calorel		
r	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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