

PI7000038023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

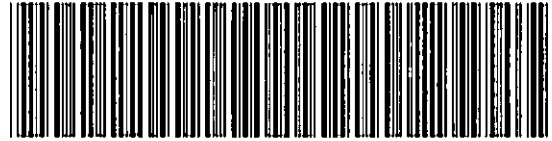
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHUMAKERS PEST CONTROL INC  
Name of Corporation

**DOCUMENT NUMBER:** P17000038023

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:

Thomas Shumaker

Name of Contact Person

SHUMAKERS PEST CONTROL INC

Firm/Company

725 Dunlawton Ave

Address

Port Orange, FL 32127

City/State and Zip Code

tomshumaker@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Shumaker

Name of Contact Person

at ( 386 ) 931-8407

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: SHUMAKERS PEST CONTROL INC
2. The principal office address: 725 Dunlawton Ave  
Port Orange, FL 32127
3. The mailing address (if different): PO Box 290654, Port Orange, FL 32129
4. Date of incorporation/qualification: 11/12/2015 Document number: P17000038023
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)

Thomas Shumaker

3520 South Nova Rd

Port Orange, FL 32129

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

Thomas Shumaker

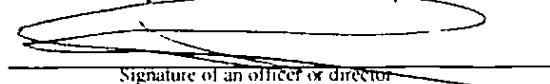
1 Silver Circle

P.O. Box NOT acceptable

Edgewater, FL 32141

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

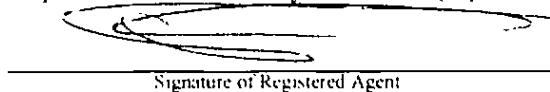
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Thomas Shumaker, 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.*

  
Signature of Registered Agent

Nov 16 / 2020  
Date

If signing on behalf of an entity:

THOMAS SHUMAKER  
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 (04/13)