

PS940000/5465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

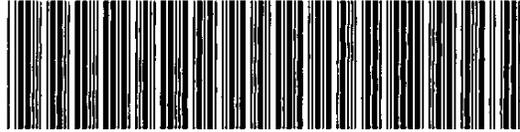
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 SEP 26 PM 4:00

PS 9/24/07
RO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2007

MARIA V LANGBERG
ORANGE PEST CONTROL & SERVICES, INC.
977 NW 31ST AVE
POMPANO BEACH, FL 33069

SUBJECT: ORANGE PEST CONTROL & SERVICES, INC.
Ref. Number: P94000015465

We have received your document for ORANGE PEST CONTROL & SERVICES, 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 sign and return for filing.

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.

Pamela Smith
Document Specialist

Letter Number: 807A00054453

RECEIVED
2007 SEP 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orange Pest Control & Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P94000015465

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:

Maria V Langberg
(Name of Contact Person)

Orange Pest Control & Services, Inc.
(Firm/Company)

977 NW 31st Ave
(Address)

Pompano Beach, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria V Langberg at (954) 972-7031
(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: Orange Pest Control & Services, Inc.
2. The principal office address: 977 NW 31st Ave., Pompano Beach, FL 33069
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P94000015465
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

1304 SW 160 Ave, # 236, Sunrise, Fl 33326

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

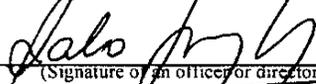
977 NW 31st Ave, Pompano Beach, FL 33069

(P.O. Box NOT acceptable)

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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)

Salo E. Langberg
(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)

09/05/2007
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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