

P940000/5465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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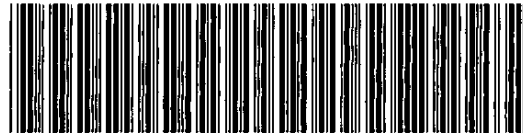
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2007 SEP 26 PM 4:00

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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

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2007 SEP 26 AM 8:00  
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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

(Name of Contact Person)

at ( 954 ) 972-7031

(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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DIVISION OF CORPORATIONS  
2007 SEP 26 PM 4:00

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.*

09/05/2007

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(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 (8/05)