

PC141000018941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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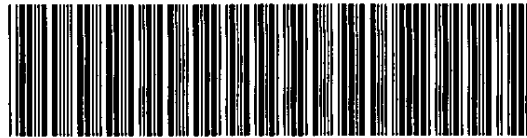
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TREASURY
FLORIDA

14 OCT - 6 PM 2:18

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R/A Chg

OCT 13 2014

R. WHITE

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PINE ISLAND PEST CONTROL, INC.
2. The principal office address: 10480 STRINGFELLOW RD, SUITE 2
ST. JAMES CITY, FL. 33956
3. The mailing address (if different): PO. BOX 610
PINELAND, FL. 33945
4. Date of incorporation/qualification: 3-7-1994 Document number: P94000018941
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)

JIM JAMES FRONZILLO-DOWNER
5888 SEABASS RD.
BOKEELIA, FL. 33922

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

JAMES L. DOWNER
10480 STRINGFELLOW RD. - SUITE 2
P.O. Box NOT acceptable
ST. JAMES CITY, FL. 33956

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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.

James L. Downer
Signature of an officer or director

JAMES L. DOWNER
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.

James L. Downer
Signature of Registered Agent

10-1-2014
Date

If signing on behalf of an entity:

JAMES L. DOWNER
Typed or Printed Name

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINE ISLAND PEST CONTROL, INC.
Name of Corporation

DOCUMENT NUMBER: P94000018941

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:

JIM DOWNER
Name of Contact Person

Firm/Company

P.O. BOX 610
Address

PINELAND, FL. 33945
City/State and Zip Code

JDOWNER1111@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM DOWNER at (239) 282-7463
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