P94000063849

(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations

Name of Corporation
P9400063849

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:

Pamela Sibley
Name of Contact Person
Meryl's Termite & Pest Control Services, Inc
Firm/Company
3957 N Caledonia Dr
Address
Beverly Hills, Fl 34465
City/State and Zip Code

merylspestcontrol1@gmail.com

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

For further information concerning this matter, please call:

Pamela Sibley

,352 \694-197

Name of Contact Person

Area Code & Daytime Telephone Number

BOOT 17 MB: 12

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: Meryl's Termite & Pest Control Services, Inc
2. The principal office address: 3957 N Caledonia Dr Beverly Hills, Fl 34465
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/09/1995 Document number: P94000063849
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)
Pamela Sibley
3957 N Caledonia Dr
Beverly Hills, FI 34465
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 3957 N. Caledania Dr. P.O. Box NOT acceptable Beverly Hills, FL 34465
3957 N. Caledonia Dr.
P.O. Box NOT acceptable
3957 N. Caledonia Dr. P.O. Box NOT acceptable Beverly Hills, FL 34465
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.
Pamela Sibley Pres. 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 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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