Paul M. Guntharp, Jr., P.A. 185 Cypress Point Parkway Suite 6

Palm Coast, Florida 32164

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		<u>.</u>	
	(Corporation Name)	(Document #)	
2.			
	(Corporation Name)	(Document #)	
3.			
	(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
4.			
	(Corporation Name)	(Document #)	
1			

☐ Walk in	Pick up time	-	Certified Copy
☐ Mail out	☐ Will wait	Photocopy	Certificate of Status

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

-10/05/9801069001 *****35.00 *****35.00
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10-2-28 roles

FAND 98 OCT --5 PM 2: 3: SECRETARY OF STATE

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials	

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617, undersigned corporation organized under the laws of the submits the following statement in order to change its	he State of FLORIDA
State of Florida.	
1. The name of the corporation is: YOUR XTERMINE	ATORS, INC.
2. The mailing address of the corporation is: POST (OFFICE BOX 351963, PALM COAST, F 3213
3. Date of incorporation/qualification: SUB S 4. The name and address of the current registered age.	Document number: P95000025217
PAUL GUNTHARP	
4 OLD KINGS ROAD NORTH,	SUITE B SECRET
5. The name and address of the new registered agent :	and office: (P.O. Box Not Acceptable)
PAUL M. GUNTHA	
185 CYPRESS POINT PA	وسنو يبيس
	1
PALM COAST, FLORID	at address of the business office of its registered
The street address of its registered office and the street agent, as changed, will be identical.	address of the pasiness office of the reference
Such change was authorized by resolution duly adopt authorized by the board.	ed by its board of directors or by an officer so
Signature of an officer, chairman or vice chairman of the board)	1/21/98 (Date)
	,
(Printed or type	ed name and title)
Having been named as registered agent and to accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligation of the control of the co	of service of process for the above stated corporation, and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent.
In 9 mg	10/1/98
(Signature of Registered Agent)	(Bate)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
•	FILING FEE: \$35.00

CR2E045(1/95)