## P98000032673

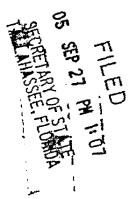
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|---|
| Joe Quails (Requestor's Name)                                     |
| (Requestor's Name)  |
|   |
| (Address)   |
| Ha III Orana  |
| (Address)   |
| 48 W. Orange (Address)  Apopla, FL 32703 (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #)  |
|   |
| PICK-UP WAIT MAIL   |
|   |
|   |
| (Business Entity Name)  |
|   |
| (Document Number)   |
|   |
| Certified Copies Certificates of Status                           |
|   |
| Special Instructions to Filing Officer:                           |
| Special instructions to Fining Officer.                           |
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| Office Use Only   |



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## 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: QUICK KIL PEST Professional SIV   |
| 2. The principal office address: 48 (e) CRANGE 32703  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 4 98 Document number: P92 1000 32(3)  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Edea Ca. 15   |
| SAINE AS ABOVE  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office.  |
| SAME AS Above (P.O. Box NOT acceptable)   |
| 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 in officer or director)  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. |
| (Hal Lucus 9/22/05 (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:  |

\* \* \* 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)

(Typed or Printed Name)