P99000003378

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PiCK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FI DOLLA

R.A. Change

9/8/18

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Security Termite & Pest Systems of	Jacksonville. Inc
(Name of Corpo	ration)
DOCUMENT NUMBER: P99000003378	
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
William Stover	
(Name of Contact	Person)
Security Termite & Pest Systems of	f Jacksonville, Inc
(Firm/Compa	
13509 Prestige Place	
(Address)	
Tampa Florida 33635	
(City/State and Zi	p Code)
For further information concerning this matter, please call:	
William Stover	. 042
(Name of Contact Person) at	(813) 891-7948 (Area Code & Daytime Telephone Number)
	(,
Enclosed is a \$35.00 check made payable to the Department	t of State.
Malling Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Security Termite & Pest Systems of Jacksonville, Inc.
2. The principal	l office address: 5274 Ramona Blvd
	Jacksonville FL 32205
3. The mailing a	address (if different): 13509 Prestige Place
·	Tampa Florida 33635
4. Date of incor	poration/qualification: 1/12/1999 Document number: P99000003378
	d street address of the current registered agent and registered office on file with the rtment of State:
	William Stover
	2010 N Nebraska Ave
	Tampa, FL 33602
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	William Stover
	13509 Prestige Place
	(P.O. Box NOT acceptable)
	Tampa Florida 33635
The street addresses changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
WML (Signati	wn / G m Stover The grand an officer or director) (Frinted or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
V" Ma	ghature of Registered Agent) 8/27/08 (Date)
	chalf of an entity:
- (I	Typed or Printed Name)

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