# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: JACOBS, CHRISTI A

Electronic Signature of Signing Officer/Director Detail

### FEI Number: 59-3139849 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

#### JACOBS, CHRISTI A 10836 PAYNE ROAD SEBRING, FL 33875 US

DOCUMENT# V57941

Current Mailing Address: 10836 PAYNE ROAD SEBRING, FL 33875

10836 PAYNE ROAD SEBRING, FL 33875

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE: CHRISTI A JACOBS

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PRES
Name	JACOBS, CHRISTI A
Address	10836 PAYNE ROAD
City-State-Zip:	SEBRING FL 33875

Entity Name: EAGLE PEST CONTROL OF HIGHLANDS COUNTY, INC.

## Certificate of Status Desired: No

Certificate of Status Desired: No

02/01/2022 Date

02/01/2022 Date

FILED Feb 01, 2022 Secretary of State 6328564779CC