F60178

(Re	equestor's Name)	···
(Ad	ldress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

FILED 2013 MAR - 7 PM 12: 30



ACCOUNT NO. : 12000000195
REFERENCE : 549467 7922643
AUTHORIZATION Spelleman
COST LIMIT : \$35.00
ORDER DATE : February 27, 2013
ORDER TIME : 9:46 AM
ORDER NO. : 549467-104
CUSTOMER NO: 7922643
CHANGE OF AGENT
NAME: PRECISION ENTERPRISES TAMPA, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

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

1. The name of the corporation: PRECISION I	ENTERPRISES TAMPA, INC.	
2. The principal office address: 2905 Premier	Parkway, Suite 300, Duluth GA 30097	
2. The principal office address.		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/29/1	981 Document number: F60178	
The name and street address of the current reg Florida Department of State: (If resigned, ente	gistered agent and registered office on file with the extresigned)	
NRAI Services Inc.	NRAI Services Inc.	
515 E. Park Avenue		
Tallahassee FL 32301	S	
6. The name and street address of the new registe (if changed):	er resigned) ered agent (if changed) and /or registered office	
Corporation Service Com	pany	
1201 Hays Street		
P.O Tallahassee, FL 32301) Box NOT acceptable	
The street address of its registered office and the as changed will be identical.	ne street address of the business office of its registered ager	
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
1060	Dona Priebe, Vice President	
Signature of an officer or director	Printed or typed name and title	
Corporation-Service Company	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I totified in writing of this change.	
By: Sarah Weight	2/26/2013	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Sarah Wright, Asst. Vice President Typed or Printed Name		
••	.ING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)