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SECRE JARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

DEC 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	S
SUBJECT:	Precise Logistics Services, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Cesery L. Bulla	
Name of Per	son
Bullard Firm/Compa	
Post Office E	3ox 2767
Orlando, Flori City/State and Z	
E-mail address: (to be used for futur	e annual report notification)
For further information concern	ing this matter, please call:
Cesery L. Bullard	at (407)648-9530 Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	DRESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for	the following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Florida.				
1. Name of the limited liability company: RECIS	E LOFISTICS DERVICES, LLC			
2. (a) Principal office address of limited liability compan				
(Note: MUST BE STREET ADDRESS)	1308 W. Arlington St. Orlando, FL 32805			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	1308 Arlington Street Orlando, Fr 32805			
09/13/2007	LØ7000093859			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Robert J. Joyce			
Registered Office Address:	2545 Canterclub Trail Apopha, FL 32712			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Cesery L. Bullard, P.A.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	112 N. Symmerlin Ave. Orlando FL 32801			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Torida street address of the registered office tical. Or, in the case of a Florida limited ≤ \(\varphi\) was/were authorized by an affirm the \(\varphi\) was/were authorized by an affirm the provided in the articles of organization			
Signature of a member or author; and representative of a member				
Printed or typed name of signee	STATE PORATIO			
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 statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited flugflity company has been notified in writing of this change.				
Organia of Registeren Agent	President of Cesery L. Bullard, P.A.			
Division of Cornorations P O Roy 63	27 Tallahassaa FI 32314			

FILING FEE: \$25.00