L11000108387

| (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: | | | | | |
| A. LUNT | | | | | |

Office Use Only

DEC 12:2011

EXAMINER



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12/09/11--01012--009 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--------------|-----------|---------|---|-------------|
| | recisio | | | | |
| Name of | Limite | d Liabil | lity Co | ompany | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered | Office | Change | and f | fee(s) are submitted for file | ling. |
| Please return all correspondence concerning | g this n | natter to | the f | following: | |
| · | | | | | |
| Timothy C. Berg Jr. | | | | | |
| Name of Person | | | | | |
| | | | | :10 ml | |
| | | | | | 20ÎI DEC -9 |
| Fi/C | | | | ≽ä | 8 |
| Firm/Company | | | | | .c. |
| | | | | \$2.5 | 9 |
| P.O. Box 263 | | | | <u> </u> | T9 |
| Address | | | | الله الله الله الله الله الله الله الله | |
| | | | | 33 | |
| | | | | 1 miles | øn – |
| Vernon, Fl. 32462 | | | | | |
| City/State and Zip Code | | | | | |
| V | | | | | |
| precisionprojects@yahoo.c E-mail address: (to be used for future annual report | om | | | | |
| E-mail address: (to be used for future annual report | notificati | on) | | | |
| For further information concerning this ma | tter, ple | ase call | : | | |
| Timothy Berg | at (_ | 850 |) | 258-8785 | |
| Name of Person | | | Area C | Code & Daytime Telephone Numb | er |
| STREET/COURIER ADDRESS: | | MA | II IN | IG ADDRESS: | |
| Registration Section | | | | ion Section | |
| Division of Corporations | | | | of Corporations | |
| Clifton Building | | | . Box | | |
| 2661 Executive Center Circle | | Tal | lahass | see, Florida 32314 | |
| Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following | ing amo | ount: | | | |
| \$25 Filing Fee | | □ \$5 | 5 Fili | ing Fee & Certified Conv | |

OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR LIFOR 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.

| 1. Name of the limited liability company: | Timothy C. Berg | | | | | |
|---|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compar | : Precision Projects LLC | | | | | |
| (Note: MUST BE STREET ADDRESS) | 5276 Choctaw Rd. Vernon Fl. | | | | | |
| (b) Mailing address of limited liability company: | Precision Projects LLC | | | | | |
| (Note: MAY BE POST OFFICE BOX) | P.O. Box 263 Vernon Fl. 32462 | | | | | |
| 09/22/2011 | L11000108387 | | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | | |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida Dept. of State: | | | | | |
| Registered Agent: | Timothy C Berg | | | | | |
| Registered Office Address: | 5276 Choctaw Rd. Vernon Fl. 32462 | | | | | |
| (b) Enter name of NEW Registered Agent and/or NE | EW Registered Office address: | | | | | |
| NEW Registered Agent: | Timmy A. Jones | | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | | | | | | |
| Timothy C. Berg Jr. Printed or typed name of signee | | | | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa | agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change. | | | | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | |