121000146935

(F	Requestor's Name)					
(Address)						
	Address)					
((City/State/Zip/Phone #)	<u> </u>				
PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Name)					
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
APR 18 2022						

Office Use Only



800384495518

03/31/22--01010--029 **25.00

FILED

1022 MAR 31 AM II: 07

SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	PRECISE NOTARY GROUP	
		Limited Liability Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Office Cha	nange and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matt	ter to the following:
JAMES	SAINTILIEN	
	Name of Person	
	Firm/Company	
11820 N	MIRAMAR PARKWAY STE S4-207	
	Address	
MIRAM	1AR, FL 33025	
	City/State and Zip Code	
PNGSIC	GNING@GMAIL.COM	
E-	mail address: (to be used for future annual rep	port notification)
For furti	her information concerning this matter, please	e call:
МІСНА	ELA COATS at (954 664-7084
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amour	nt:
	■ \$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 605.0114 or 605.0116, 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. Na	ame of the limited liability company: PRECISE NOT	ARY GRO	UP			
2. (a)		(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10960 SW 15TH ST UNIT 108			
	10960 SW 15TH ST UNIT 108					
	PEMBROKE PINES, FL 33025		PEMBROK	E PINES, FL 3	3025	
	03/30/2021		L2100014693	35		
3,	Date of filing/registration in Florida	4.]	Document nur	mber	
5. (a)	LEGALINC CORPORATE SERVICES INC.				20:	
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	<u>.</u>	E 22 M	
	LEGALINC CORPORATE SERVICES INC.			FIL 2022 MAR 31 SECRETAR FALL AHASS		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5237 SUMMERLIN COMMONS					
	FORT MYERS	33907	3907 SEE S			
	, FL					
(b)	JAMES SAINTILIEN					
•	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:			
	JAMES SAINTILIEN					
	NEW Registered Office Address:	NEW Registered Office Address:				
	11820 MIRAMAR PARKWAY STE S4 -207					
	MIRAMAR	33025				
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registere liability costs of the limited limited li	d office and mpany, it is ited liability	the business of hereby confirm company or a bany.	office of the registered med that the change(s)	
Signa	ture of a member or authorized representative of a member			Printed or typed	name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agent of all statutes relative to the proper and completing its appearance of my position as registered agent as providely reflect a change in the registered office address, it is writing of this change.	e performa led for in C	ince of my di Thanter 605	uties, and Lan FS Or. if thi	n familiar with and accept is document is being filed	
Signatu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00