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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: PRECISION CONSTRUCTION &	RENOVATION LLC
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Corporate Maintenance Lead	
Name of Person	
Processing Department	
Firm/Company	
1450 Vassar St	
Address	
Reno, NV 89502	
City/State and Zip Code	
E-mail address: (to be used for future annual report	(maxIII)
·	
For further information concerning this matter, please ca	11:
Corporate Maintenance Lead at (80	0 ) 638-2320
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

I. Na	ame of the limited liability company: PRECISION	<u>N CONSTRU</u>	JCTION & RENOVATION LLC	2
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)	_
	4459 St. Clair Ave W	4459	St. Clair Ave W	
	N Fort Myers, FL 33903	N For	t Myers, FL 33903	
	03/18/22	L22000	0135725	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of to Koch, Devon J Registered Office Address (MUST BE FLORIDA STREET Address) 4459 St. Clair Ave W  N Fort Myers, FL  Enter name of NEW Registered Agent and/or NEW Registered  Inc Authority RA  NEW Registered Office Address:  390 North Orange Ave., Ste 2300-N	33903	2022 MAY 24 AM 10: 10 SECRETARY OF STATE TALLAHASSEE, FL	
	Orlando	32801		
change agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liture of a member or authorized representative of a member obly accept the appointment as registered agent and agreein of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It is din writing of this change.	vs of the State of I registered office a bility company, it f the limited liability control J K	and the business office of the registered t is hereby confirmed that the change(s) ality company or as otherwise provided in ompany.  Soch  Printed or typed name of signee  Apacity. I further agree to comply with the	2
If the l change agent was/w the art  Signa  I here provis. the obto mer	A459 St. Clair Ave W  N Fort Myers	33903  Office address:  32801  vs of the State of I registered office ability company, if the limited liability control in the limited liability company of the limited liability control in this cannot be seen act in this cannot be seen a	Florida, it is hereby confirmed the and the business office of the reg t is hereby confirmed that the challity company or as otherwise proompany.  Koch  Printed or typed name of signee apacity. I further agree to compile	at after the istered ange(s) vided in

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

Signature of Registered Agent