

PD3000071584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

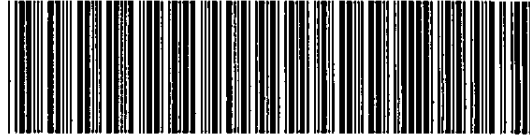
(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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BONUS

LAW FIRM

PHILIP F. BONUS, ESQUIRE
RHONDA A. MARRET, FRP

1115 EAST CONCORD STREET
ORLANDO, FLORIDA 32803

TELEPHONE No.: (407) 835-8811
FACSIMILE No.: (407) 835-8868

Writer's Email: pfb@bonuslaw.com

March 16, 2016

Florida Department of State
Amendment Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Precision Quality Machining, Inc.
Our File No.: R174-5276

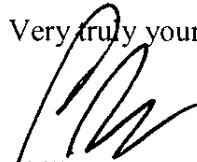
Dear Sir or Madam:

Enclosed for filing are the following items regarding the above-referenced corporation:

1. Cover letter, Statement of Change of Registered Agent for Corporation, and this firm's trust check #2269 in the sum of \$35.00 for the associated filing fee.
2. Transmittal letter, Resignation of Officer/Director for a Corporation (President/Director), and this firm's trust check #2270 in the sum of \$35.00 for the associated filing fee.

Thank you for your assistance in this matter. If you should have any questions or comments, please do not hesitate to contact my office.

Very truly yours,



Philip F. Bonus

PFB/ram
Enclosures

cc: Mr. Robert W. Ryan, Sr. (w/enclosures)
Precision Quality Machining, Inc. (w/enclosures)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRECISION QUALITY MACHINING, INC.
Name of Corporation

DOCUMENT NUMBER: P03000071584

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip F. Bonus

Name of Contact Person

Bonus Law Firm

Firm/Company

1115 E. Concord Street

Address

Orlando, FL 32803

City/State and Zip Code

pfb@bonuslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip F. Bonus

Name of Contact Person

at (407) 835-8811

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Precision Quality Machining, Inc.
2. The principal office address: 207 Reec Way, Suite 1601, Casselberry, FL 32707
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/25/2003 Document number: P03000071584
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert W. Ryan

207 Reece Way, Suite 1601

Casselberry, FL 32707

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert W. Ryan, Jr.

207 Reece Way, Suite 1601

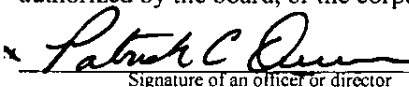
P.O. Box NOT acceptable

Casselberry, FL 32707

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

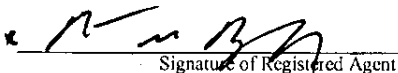
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Patrick C. Quinn, Vice President/Director

Printed or typed name and title

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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3/11/2016
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****