P07000005159

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April 1,2010
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	C.R. Morrison, P.A	١.
DOCUMENT NU	JMBER:	P0700000515	9
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		Carla Morrison	
	N	lame of Contact Person	
	С	.R. Morrison, P.A.	
		Firm/ Company	
3950 Coverly Court			
		Address	
	Long	gwood, Florida 32779	
	C	ity/ State and Zip Code	
	raelac E-mail address: (to be use	car1@msn.com d for future annual report notification)
For further inform	ation concerning this matter,	please call:	
	Carla Morrison	at (407)	506-8931
Name	e of Contact Person	at (407) Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Dep	partment of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendmen	nt Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	e, FL 32314	2661 Executive Center Ci	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



U.R. Morriso	on, P.A.	
(Name of Corporation as currently file	ed with the Florida Dept. of State)	
P0700000	5159	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adop	ts the following
A. If amending name, enter the new name of the cor	poration:	
Precision Mac	hines, Inc.	The new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation make must contain the word "chartered," "professional"	tion "Corp," "Inc," or "Co". A professional co	d" or the
B. Enter new principal office address, if applicable:	3950 Coverly Court	-
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS) Longwood, FL 32779	10
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3950 Coverly Court	29
	Longwood, FL 32779	A TO
		6 110
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered o	d office address in Florida, enter the name of the fice address:	<u>ıe</u>
Name of New Registered Agent:		
3950 0	Coverly Court	
New Registered Office Address:	(Florida street address)	
Longw	ood , Florida 32779	9
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the	position.
Signature	of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>D</u>	Carla Morrison	3511 Sutton Drive Orlando, FL 32810	☐ Add ☐ Remove
<u>D</u>	Rick Hopkins	3950 Coverty Court Longwood, FL 32779	
			
	dditional sheets, if necessary). (I		
<u>provisi</u>		nge, reclassification, or cancellation of ment if not contained in the amendm	
IN/A			

endment(s)
g statemen (s):
hareholder
nolder
t been
er court