

P08000037864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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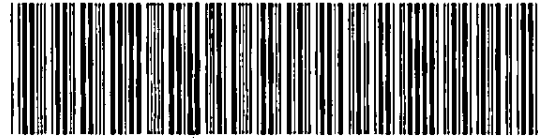
(Business Entity Name)

(Document Number)

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C. GOLDEN

OCT 10 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Precision Collision & Restoration, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000037804

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:

Heidi McDaniel
Name of Contact Person

Firm/Company
960 Railroad Ave.
Address

W. P. FT. 32789
City/State and Zip Code

autorepair960@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi McDaniel at (407) 599-1950
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2017

HEIDI MCDANIEL
960 RAILROAD AVENUE
WINTER PARK, FL 32789

SUBJECT: PRECISION COLLISION & RESTORATION, INC
Ref. Number: P08000037864

We have received your document and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the city name in its entirety abbreviation is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00019196

**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 Collision & Restoration, Inc.
2. The principal office address: 960 Railroad Ave.
Winter Park, FL. 32789
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-14-2008 Document number: P08000037864

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)

Douglas C Appel
960 Railroad Ave.
Winter Park, FL. 32789

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

Heidi McDaniel
960 Railroad Ave.
Winter Park, FL. 32789

P.O. Box NOT acceptable

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.

Heidi McDaniel
Signature of an officer or director

Heidi McDaniel-President
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.

Heidi McDaniel
Signature of Registered Agent

10.29.2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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