

P11 00002119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300405818833

04 MAY 2024

2023 APR 24 PM 2:40



OFFICE
FLORIDA

2023 APR 24 PM 2:33

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Precision Pressure Washing and Pool Services Inc
Name of Corporation

DOCUMENT NUMBER: P11000021119

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:

Chad Pater
Name of Contact Person
A Precision Pressure Washing and Pool Services, inc
Firm/Company
3941 Tralee Rd
Address
Tallahassee, FL 32309
City/State and Zip Code
appwps@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Pater at (850) 556-6263
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007-07-24 PM 2:40

**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: A Precision Pressure Washing and Pool Services, inc
2. The principal office address: 3941 Tralee Rd Tallahassee FL 32309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-3-2011 Document number: Pii000021119
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)

R J Monti

743 Red Fern Rd

Tallahassee, FL 32308

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

Chad Pater

3941 Tralee Rd

P.O. Box NOT acceptable

Tallahassee, FL 32309

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.

Chad Pater
Signature of an officer or director

R J Monti
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.

R J Monti
Signature of Registered Agent

4-24-2023

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)