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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Email Address:__

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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REGISTERED AGENT CHANGE	
PRECISION CONSULTING & MANAGEMENT, IN	ŧС

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MAY 2 7 2020

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Help

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

statement of ch	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F		
1. The name of	the corporation: PRECISION CONS	SULTING & MANAGEMENT, INC.		
		PRESERVE CIRCLE FORT MYERS, FL	33908-9704	
3. The mailing	address (if different): 9069 GLADIOL	US PRESERVE CIRCLE FORT MYERS, FL	33908-9704	
4. Date of inco	rporation/qualification: 04/02/2015	Document number: P150000	30370	_
	nd street address of the current register artment of State: (If resigned, enter re	ered agent and registered office on file wiesigned)	ith the	
	FLORES, MIGUEL			
	9069 GLADIOLUS PRESER	RVE CIRCLE		
	FORT MYERS, FL 33908-9704			
6. The name ar (if changed)	<u> </u>	d agent (if changed) and /or registered of	fice	
	7901 4th St N STE 300			
	P.O. Box NOT acceptable		2020 SE TALI	
	St. Petersburg FL 33702		2020 MAY SECRET	
		street address of the business office of its	s regist ered age no	
Such change v authorized by	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so Fi	ED
MITTE	L FLORES	MIGUEL FLORES Printed or typed name and titl	ATE ATE	
I furthér agrée performance o agent. Or, if t	to comply with the provisions of all of my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position o reflect a change in the registered offic	plete as registered	
Bee Ha	ne	05/25/2020		
S	ignature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
Bill Havre				
	Typed or Printed Name			

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