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(Ad	ddress)	
(A	ddress)	_
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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations Provisual Concepts Inc. Name of Corporation P15000087490 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: Ken Clayton Name of Contact Person Provisual Concepts Inc. Firm/Company 6200 Metrowest Blvd, Suite 201-5 Orlando, Florida 32835 City/State and Zip Code ken@idealfenceinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ken Clayton Area Code & Daytime Telephone Number Name of Contact Person

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

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
=	nge 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	he corporation: Provisual Concepts Inc.
2. The principal	office address: 6200 Metrowest Blvd, Suite 201-5
	Florida 32835
3. The mailing ac	ddress (if different):
2. 11.0 11.anning w	
4. Date of incorp	oration/qualification: 10/14/15 Document number: P15000087490
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Ken Clayton
	6200 Metrowest Blvd, Suite 201-5
	Orlando, Florida 32835
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Peter A. Peak, Esquire
	P.O. Box NOT acceptable
	Bradenton, Florida 34205
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
1/1-1	Ken Claybow
ALL .	e of an officer or director Printed of typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. If comply with the provisions of all statutes relative to the proper and complete If you duties, and I am familiar with and accept the obligation of my position as registered If you duties, and I am familiar with and accept the obligation of my position as registered If you do not have been filled merely to reflect a change in the registered office address, I I that the corporation has been notified in writing of this change.
· L	What I was a state of Registered Agent 3/15/16
1	half of an entity:
It signing on oer	ian or an entity.
Ту	ped or Printed Name
er en de	* * * FILING FEE: \$35.00 * * *
M.	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)