P20 0000 77563

(Requestor's Name)				
———————(Ad	dress)			
•	,			
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
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(Bu	siness Entity Nam	ie)		
(Do	cument Number)			
Cadified Canina	Cartification	of Status		
Certified Copies	_ Certificates	oi Status		
Special Instructions to	Filing Officer:			
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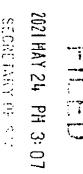
Office Use Only



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05/24/21--01021--013 **25.00

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COVER LETTER

Division of Corporations		
SUBJECT: PRECISION FENCING INC.		
Name of Corporation		
DOCUMENT NUMBER: P20000077563		
The enclosed Statement of Change of Registered Off	fice/Agent and fe	ee are submitted for filing.
Please return all correspondence concerning this mat	ter to the follow	ing:
LOVETTE DOBSON		
Name of Contact Person		
INCFILE.COM LLC		
Firm/Company		
17350 STATE HWY 249 STE 220		
Address		
HOUSTON, TX 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future annual rep	ort notification	n)
•		
For further information concerning this matter, pleas	se call:	
LOVETTE DOBSON	at (<u>888</u>)462-3453 Tode & Daytime Telephone Number
Name of Contact Person	`Area C	ode & 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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Floria organized under the laws of the State o registered agent, or both, in the State o	of FLORIDA
1. The name of t	he corporation: PRECISION FENC	ING INC.	
2. The principal	office address: 7291 MAJESTIC BL	.VD. NAVARRE, FL 32566	
3. The mailing a	ddress (if different): 7291 MAJEST	TIC BLVD, NAVARRE, FL 32566	
	poration/qualification: 09/25/2020		0077563
	I street address of the current registi tment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the
	DENNIS PETTWAY		
	7291 MAJESTIC BLVD		
	NAVARRE, FL 32566		
6. The name and (if changed):	l street address of the new registere	ed agent (if changed) and /or registered	office
	DENNIS PETTWAY JR.		
	486 S. FAIRFIELD DR. UNIT B		~~.)
	PENSACOLA, FL 32506	P.O Box NOT acceptable	ANII UZZ.
The street address changed will	ess of its registered office and the	street address of the business office of	of its registered agent.
Such change wanthorized by the	as authorized by resolution duly as ne board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	an officer so
Wen	nia Vettivay V	DENNIS PETTWAY, PRESID	ENT 2
I harahy accom	the appointment as registered as	ent and agree to act in this capacity. Ill statutes relative to the proper and c he obligation of my position as regist e in the registered office address, I he hange.	
Wen	nis lotteray or	04-27-2021	
Sig	enature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name	-	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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