## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000460585 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAUTHEN & BURNS, P.A.

Account Number : I19980000085

Phone : (352)343-2225

Fax Number

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

Email Address: jknoxburns@CFleggl:com

REGISTERED AGENT CHANGE PRECISE PAVEMENT MARKINGS, INC.

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12/18/2021 10:38 (FAX) P.002

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TO:

## **COVER LETTER**

Amendment Section

Division of Corporations				
SUBJECT: Precise Pavement Markings, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P94000078136				
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:				
J. Knox Burns, IV, Esquire				
Name of Contact Person				
Cauthen & Burns, P.A.				
Firm/Company				
215 N Joanna Avenue				
Address				
Tavares, FL 32778				
City/State and Zip Code				
jknoxburns@CFlegal.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
J. Knox Burns, Esq. at (352 )343-2225				
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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607 inge is submitted for a corporation organized u ir to change its registered office or registered a	nder the laws of the State of Florida	
l. The name of t	the corporation: Precise Pavement Markings, Inc		
2. The principal	office address: 28208 Shirley Shores Road, Tava	res, FL 32778	
3. The mailing a	address (if different): P.O. Box 1929, Tavares, FI	_ 32778	
4. Date of incorp	poration/qualification: 10/24/1994	Document number: P94000078136	
	i street address of the current registered agent a trment of State: (If resigned, enter resigned)	nd registered office on file with the	
	Gary L. Summers		
	380 West Alfred Street	ARI DEC 20 TAIL MINSSI	
	Tavares, FL 32778	THE STATE OF	
6. The name and (if changed):	d street address of the new registered agent (if o	changed) and /or registered office	
J. Knox Burns, IV			
215 N Joanna Avenue P.O. Box NOT acceptable			
	Tavares, FL 32778		
The street address changed will	ess of its registered office and the street addre	ess of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted by it he board, or the corporation has been notified	is board of directors or by an officer so in writing of the change.	
Dida	11 Hourth Gid	get A. Horvath, President	
I further agree i of my duties, an document is bei	the appointment as registered agent and agr to comply with the provisions of all statutes r ad I am familiar with and accept the obligatio ing filed merely to reflect a change in the regi s been notified in writing of this change.	Printed or typed name and tille ee to act in this capacity. elative to the proper and complete performance n of my position as registered agent. Or, if this istered office address, I hereby confirm that the	
/hr		ecember 17, 2021	
_	chalf of an entity:	Date	
J. Knox Bu	rns, IV ypod 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)