P99000084969

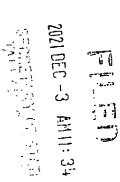
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PICK-UP	MAIT	MAIL		
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Certified Copies	Certificate	s of Status		
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COV	VER LETTER		ذ	
	.	•	•	
TO:	Amendment Section Division of Corporations		•	•
SUBJ	JECT: Phoenix Precision Drywall, Inc.			_
Name	e of Corporation			
DOC	UMENT NUMBER: P99000084969			_
The e	nclosed Statement of Change of Registe	red Office/Agent and fee a	re submitted for	filing.
Please	e return all correspondence concerning the	his matter to the following:		
Thom	as O Lease			
Name	of Contact Person			
Phoer	nix Precision Drywall, Inc			
Firm/	Company			
1892	Commerce Avenue			
Addre	ess	- -		
Vero	Beach, FL 32960			
City/S	State and Zip Code	·		
	ppdlease@bellsouth.net			
E-ma	iil address: (to be used for future annu	ual report notification)		_
For 6	irther information concerning this matte	r please call:		
i Oi II	armer anormation concerning this matter	r, preuse earr.		
Thon	nas O Lease	at (_ 772) 564-0926 & Daytime Tele	
	Name of Contact Person	Area Code	& Daytime Tele	ephone 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

CR2F045 (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, age is submitted for a corporation organiza- to change its registered office or registere	ed under the laws of the State of $\overline{\mathbb{F}}$	lorida
I. The name of t	he corporation: Phoenix Precision Drywall.	Inc.	
2. The principal	office address: 1892 Commerce Avenue Vero	5 Beach, FL 32960	
3. The mailing a	ddress (if different): N/A		
4. Date of incorp	oration/qualification: 4999 • 9 24 199	Document number: P9900008-	4969
	street address of the current registered age tment of State: (If resigned, enter resigned)	-	h the
	Todd W Fennell		
	979 Beachland Boulevard		· 20
	Vero Beach, FL. 32963		21 E
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi		
	Thomas O Lease		
	2440 87th Avenue		<u> </u>
	PO Box N	OT acceptable	
	Vero Beach, FL 32966		
The street addre	ss of its registered office and the street ad be identical.	dress of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an clied in writing of the change.	officer so
		Thomas O Lease - President	
Signatur	e of an officer of director	Printed or typed name and title	c
I further agree to of my duties, and document is bein	the appointment as registered agent and a comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the refer notified in writing of this change.	igree to act in this capacity, is relative to the proper and compution of my position as registered egistered office address. Thereby	plete performance agent. Or, if this y confirm that the
1		11/24/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
THOMPS C	DLPNSC ped or Printed Name		

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