# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: JAMES MALENFANT

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 45-4654785 Name and Address of Current Registered Agent:

MALENFANT, JAMES W SR. 5169 EDGEWOOD CT JACKSONVILLE, FL 32254 US

Current Mailing Address: 5169 EDGEWOOD CT

JACKSONVILLE, FL 32254 US

DOCUMENT# P12000019792

5169 EDGEWOOD CT JACKSONVILLE, FL 32254

**Current Principal Place of Business:** 

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE: JAMES W MALENFANT SR.

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	Ρ
Name	MALENFANT, JAMES WSR
Address	1983 CANDLEWOOD CT
City-State-Zip:	MIDDLEBURG FL 32068

Entity Name: PRECAST AND RESTORATION SERVICES INC.

#### FILED Apr 08, 2019 Secretary of State 7974891101CC

Certificate of Status Desired: No

04/08/2019 Date

Date

04/08/2019