

F13000000930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

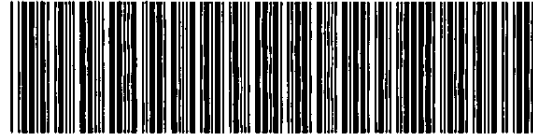
(Business Entity Name)

(Document Number)

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MAY 15 2014  
MAY 15 2014

PA Change

05/16/14

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Collateral Evaluation Associates, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F13000000930

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:

R. Lee Robinette  
Name of Contact Person

Collateral Evaluation Associates, Inc.  
Firm/Company

8514 McAlpine Park Dr., Suite 270  
Address

Charlotte, NC 28211  
City/State and Zip Code

RLRobinette@CollateralEvaluation.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Robinette at (704) 536-1620  
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  
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 provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NC in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Collateral Evaluation Associates, Inc.
2. The principal office address: 8514 McAlpine Park Dr., Suite 270  
Charlotte, NC 28211
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/27/2013 Document number: F13000000930
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gregory F. Feinsinger (RESIGNED)  
6231 PGA Blvd, Ste. 104-187  
Palm Beach Gardens, FL 33418


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John Kevin Guernsey  
152A 174<sup>th</sup> Terrace Dr, East  
P.O. Box NOT acceptable  
Redington Shores, FL 33708

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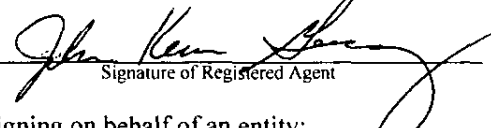
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

B. LEE ROBINETTE  
PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

5/1/14  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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