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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (212)564-6083

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REGISTERED AGENT CHANGE PROPERTY DAMAGE APPRAISERS INC

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Corporate Filing Menu

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11/2/2010

Boherts NOV 02 20

SEATEMENT 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 617.15	108, Florida Statut	es, this	
statement of change is submitted for a corporation organized under the laws of the State of				Texas	
	ge its registered office or registered agent,	or both, in the State	of Florida.		
1. The name of t	•				
	Property Dama	ige Appraisers Inc	<u> </u>		
2. The principal	office address:				
6100	6100 Southwest Blvd., Suite 200 Fort Worth		TX	76109-3964	
3. The mailing a	ddress (if different):				
4. Date of incorp	Date of incorporation/qualification:		er;	822297 .	
5. The name and Florida Depart	i street address of the current registered age runent of State;	ent and registered off	ice on file with the	e Was	
	CT CORPORA	TION SYSTEM			
	PLANTATION	FL	33324		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or	registered office		
	National Corporate	Research, Ltd., Ir	10.	<u>·</u>	
	515 East P	ark Avenue			
	(P.O. Box NO	OT acceptable)	•	•	
	Tallahassee	Florida	32301		
as changed will	7 1			_	
authorized by	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directified in writing of the	tors or by an offi e change.	cer so	
_ [10	9/1/		rge lyl	<u> </u>	
I hereby accept I further agree of my duttes, an document is bet corporation has	lignature (i. an officer or director) The appointment as registered agent and to comply with the provisions of all statut and I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this les relative to the pr ation of my position registered office aa	(Primbs or typed name capacity, oper and complet 1 as registered as dress, I hereby co	and title) le performance ani. Or, if this onfirm that the	
سيتعمل			16/20/2	010	
7	(Signature of Registered Agent)	*************************************	(Date)		
If signing on be	chalf of an entity:			•	
Lucy	Dawson, Assistant Secretary	-			
	(Typed or Printed Name)				
		FEE: \$35.00 * * *			
•	MAKE CHECKS PAYABLE TO F. MAIL TO: DIVISION OF CORPORATIONS,	lorida departme P.O. Box 6327. Ta	nt of Sta te Llahassee. FL 3	32314	
	((CH10000:				

CR2E045 (8/05)