## F130000009

(Requestor's Name)	
(Address)	800259801
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/05/1401010-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	RAChum

Office Use Only



1548

-017 \*\*35.00

14 IIAY -5 PH 4:55

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Collateral Evaluation Associates, Inc. Name of Corporation	
DOCUMENT NUMBER: F1300000930	
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.	
8514 McAlpine Park Dr., Suite 270	
Charlotte, NC 28211 City/State and Zip Code	
RL Robinette @ Collateral Evaluation. 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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 Mc Alpine 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
John Kevin Guernsey  152 A 174 Terrace Dr. East  P.O. Box NOT acceptable
Redington Shores, FL 33708
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.  BLEE ROBINETTE
Signature of an officer or director  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.
- Ohn Ken Som 5/1/14
Signature of Registered Agent  Date  If signing on behalf of an entity:
Typed 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 (03/12)