## 105000044831

(Re	equestor's Name)	
(Ad	idress)	***************************************
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
	isiness Entity Nam	14.831
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		tch
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M. HODGES

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A-1 Appraisal Services (Name of Limited	LLC d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Bernard A. Singer, Esq. (Name of Person)		
Singer & Associates (Firm/Company)	<del></del>	
3107 Stirling Road, Suite 405 (Address)	<del></del>	
Ft. Lauderdale, FL 33312 (City/State and Zip Code)	<del></del>	
For further information concerning this matter, ple	ease call:	
Karen Singer, Office Manager at ( Name of Person)	954 ) 985-8600 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

tiability company submits the following stateme agent, or both, in the State of Florida.	ent in order to change its registered office or registered	
1. The name of the limited liability company is:	A-1 APPRAISAL SERVICES, LLC	
2. The mailing address of the limited liability co	ompany is: 205 STATE ROAD 7, PLANTATION, FL	
33317		
05/05/2005	L05000044831	
3. Date of filing/registration in Florida	4. Document number	
Florida Department of State:	stered office address as shown on the records of the	
JILL R. GINSBE	RG Name	
3875 AMALFI DR	- /	
	Address	
HOLLYWOOD, FI		
City,	, State and Zip	
6. The name and address of the new registered a	gent and/or office:	
BERNARD A. SI	NGER, ESQ. ₹	
Name SACTOTION IN CONTROL AND CAUTE AND		
	is (P.O. Box NOT acceptable)	
FT. LAUDERDALI	many and a second	
City, S	State and Zip	
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the	under the laws of the State of Florida street by nade, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization by company.	

MARILYN BRITT, President of MB Appraisals, Inc., Member

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00