

LOG 0000 89009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

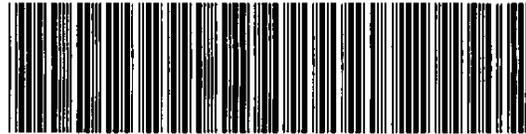
(Business Entity Name)

(Document Number)

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T. CLINE

SEP 24 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 23 AM 11:19

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Case by Case Appraisals LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jan R Case  
Name of Person

Case by Case Appraisals LLC  
Firm/Company

P.O. Box 21019  
Address

Bradenton FL 34204  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jan Case at ( 941 ) 720-0774  
Name of Person 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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2010 SEP 23 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.

1. Name of the limited liability company: Case by Case Appraisals LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

1220 29th Street West  
Bradenton FL 34205

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 21019  
Bradenton FL 34204

9/18/2008

L08000089009

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: United States Corporation Agents, Inc

Registered Office Address: 320 S. Flamingo Road #34  
Pembroke Pines, FL 33027

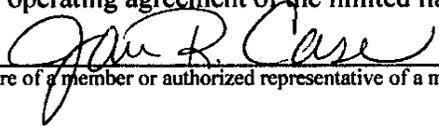
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** David Case

**NEW Registered Office Address:** 1220 29th Street West  
(MUST BE FLORIDA STREET ADDRESS) Bradenton, FL 34205

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 2010 SEP 23 AM 11:18  
 SECRETARY OF STATE  
 TALLHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

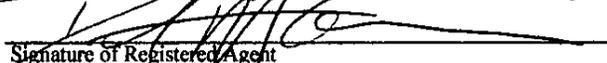


Signature of a member or authorized representative of a member

Jan R. Case

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**