## 10900088203

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

M. THOMAS

DEC 1.0 2009

**EXAMINER** 

LOG-82763

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ				als, LLC		- The second different behavior of the second different behavior o	
	Name	of Limite	d Liabii	ity Comp	bany		
Dear 9	Sir or Madam:						
The en	nclosed Registered Agent/Registere	d Office	Change	and fee(s	s) are submitted:	for filing.	
Please	return all correspondence concerni	ing this n	natter to	the follo	wing:		
	Angela Daily						
	Name of Person						
	A2 Appraisals, LLC			<del></del>			
	Firm/Company					2009 DEC -9 AM 10: 31 SECRETARY OF STATE A TALLAHASSEE, FLORIDA	
						E C	-17
	2633 Knoll Street W.						C-MARGINETE
	Address					夏 1	1
						SE SE	1
						河 异	****
	Palm Harbor, FL 3468	3				PS E	•
	City/State and Zip Code					另 <u>,</u>	n
						<u> </u>	_
	angela@a2appraisals.co	om				,	
E-	mail address: (to be used for future annual repo	ort notificati	on)				
For fu	rther information concerning this m	atter, ple	ase call	:			
	Angela Daily	at (_	727	_)	953-5247		
	Name of Person		•	Area Code &	de Daytime Telephone	Number	
	STREET/COURIER ADDRESS:		MA	ILING A	DDRESS:	,	
	Registration Section			istration S			
	Division of Corporations Division of Corporations						
	Clifton Building			Box 632			
	2661 Executive Center Circle		Tall	ahassee, F	lorida 32314		
	Tallahassee, Florida 32301						
	Enclosed is a check for the follow	ving am	ount:				
	\$25 Filing Fee		\$5	5 Filing F	Fee & Certified C	Сору	

## 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:	A2 Appraisals, LLC
2. (a) Principal office address of limited liability company	: 2633 Knoll Street West
(Note: MUST BE STREET ADDRESS)	Palm Harbor, FL 34683
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Angela Daily
Registered Office Address:	2633 Knoll Street West Palm Harbor, FL 34683
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	N/A
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2633 Knoll Street West Dalm Harbor, FL 34683
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member  Angela Daily  Printed or typed name of signee	TALL SECTION
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	O: 5
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