

N09000003087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

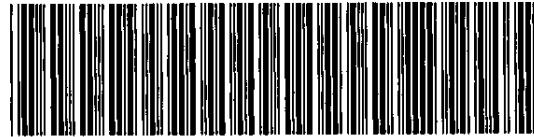
(Business Entity Name)

(Document Number)

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RECEIVED  
10 MAR 18 AM 9:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
10 MAR 18 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA-Chong*  
C.COULLETTE

MAR 18 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Auto Appraisal Institute, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N09000003087

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:

Daphne E. Gilbert

Name of Contact Person

Tsamoutales Strategies

Firm/Company

Post Office Box 128

Address

Tallahassee, Florida 32302-0128

City/State and Zip Code

daphne@tsamoutales.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daphne E. Gilbert

Name of Contact Person

at ( 850 ) 294.4009  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Auto Appraisal Institute, Inc.
2. The principal office address: 106 E College Avenue Suite 1200  
Tallahassee, Florida 32301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/27/2009 Document number: N09000003087
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)

J. Martin Hayes

106 E College Avenue Suite 1200

Tallahassee, Florida 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Frank N. Tsamoutales

106 East College Ave Suite 900

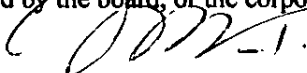
P.O. Box NOT acceptable

Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

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.



Signature of an officer or director

Frank N. Tsamoutales

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.*



Signature of Registered Agent

3/5/10

Date

If signing on behalf of an entity:

FRANK N. TSAMOUTALES

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 (8/05)