

P020000 43740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

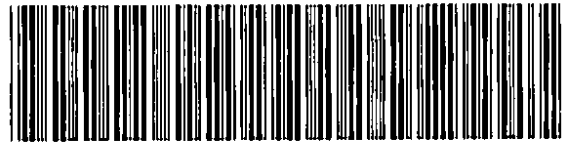
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Central Florida Appraisal Consultants  
Name of Corporation

DOCUMENT NUMBER: P02000043740

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:

Daniel Peele  
Name of Contact Person

Central Florida Appraisal Consultants  
Firm/Company

4916 Terra Vista Way  
Address

Orlando, FL 32837  
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel Peele at ( 407-230-1023 )  
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Central Florida Appraisal Consultants, Inc.
2. The principal office address: 4916 Terra Vista Way  
Orlando, FL 32837
3. The mailing address (if different): 3956 Town Center Blvd, PMB 133, Orlando, FL 32837
4. Date of incorporation/qualification: 2002 4/16/2002 Document number: P02000043740
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)

Daniel Peele

4916 Terra Vista Way

Orlando, FL 32837

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

Daniel Peele

7901 4th St N, Suite 300

P.O. Box NOT acceptable

St Petersburg, FL 33702

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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

Daniel Peele

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

01-31-2020

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 (04/13)