## P0300069114

(Requestor's Name)	
(Address)	
,	
(A.L.)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	•
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	

Office Use Only



600163127996

12/04/09--01006--008 \*\*35.00



18/2/V

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SDR & ASSOCIATES LETTE ESPATE APPLICATES & CONSUltants, Cont.
DOCUMENT NUMBER: P0300069114
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:
SCOTT D. ROBERTS
Name of Contact Person
SDR & ASSOCIATES REAL ESTATE ABBLAISERS & CONSUMENTS, LIPE-Firm/Company
4114 HILL HOUSE ROAD Address
Smyrna GA 30082 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott D. Roberts  Name of Contact Person  at (305) 3/3-7048  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

CR2E045 (8/05)



December 9, 2009

SCOTT D ROBERTS 4114 HILL HOUSE RD SMYRNA, GA 30082

SUBJECT: SDR & ASSOCIATES REAL ESTATE APPRAISERS &

CONSULTANTS, CORP. Ref. Number: P03000069114

We have received your document for SDR & ASSOCIATES REAL ESTATE APPRAISERS & CONSULTANTS, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 409A00037628

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTTON

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 100000000000000000000000000000000000
1. The name of the corporation: 5) R& ASSOCIATES FRAL ESINTE ATPAISONS & CONSUltant
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: 5DR & ASSOCIATES FORL ESIMTE ATTAINS & CONSULTANT CONSULTA
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/23/2003 Document number: P03000069114
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)
SCOTT D. ROBERTS
11767 S. Dixie Highway Ste 137
MiAmi, FL 33156
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
-51me-
HODE STREET BOOK 17493 NW 238 TEACH. P.O. BOX NOT acceptable  POS BOX NOT acceptable  THISH SILVERS, FL 32643
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.
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.
12-2-09
Signature Registered Agent 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 (8/05)