## P04000035863

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SECRETARY OF STATE
AND ASSEFT FLORIDA

R.A. Change

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TO:

Amendment Section

## **COVER LETTER**

Division of Corporations		
SUBJECT: Market Appraiser's Group, Inc. (Name of Corporation)  DOCUMENT NUMBER: PO 40000 35863		
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:		
(Name of Contact Person)		
Market Analysts (Firm/Company)		
13370 SW 131 St # 110		



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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Market Appraiser's Group Inc.
2. The principal office address: 13370 SW 131 St # 104
migm, 191 33/8CP
3. The mailing address (if different): Spril
4. Date of incorporation/qualification: 2-23-2004 Document number: P04000035863
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Gayle Garcia
13370 SW 131 St H104
mam, F/ 33184
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Carlos Garca
13370 SW 131 St- 42104
(P.O. Box NOT acceptable)
mam 19 3284
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.
Coul Succi Cox to 3 Garcia (Signature of architer or director) (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 Registery Agent)  (Signature of Registery Agent)
If signing on behalf of an entity:
Parlox Sarcis
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*