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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Imperial Appraisals Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 600028194
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:
Marie J. Striebel (Name of Contact Person)
Imperial appraisals Inc. (Firm/Compan)
5815 Hammock Isles DN. (Address)
Naples FL 34119 (City/State and Zip Code)
For further information concerning this matter, please call:
Manie Striehel at (239) 352 1372 (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



January 10, 2007

MARIE STRIEBEL IMPERIAL APPRAISALS, INC. 5815 HAMMOCK ISLES DR. NAPLES, FL 34119

SUBJECT: IMPERIAL APPRAISALS, INC.

Ref. Number: P06000028194

We have received your document for IMPERIAL APPRAISALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton Document Specialist

Letter Number: 907A00002155

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Imperial appraisals, Inc.
2. The principal office address: 5815 Hammock Isbs Dw. Naples, T-L34119
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/24/2006 Document number: PO6000028/94
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Morie Striebel
647 110 th Que No.
Naples, FL 34108
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): **Market Striebel** **The name and street address of the new registered agent (if changed) and /or registered office (if changed): **The name and street address of the new registered agent (if changed) and /or registered office (if changed): **The name and street address of the new registered agent (if changed) and /or registered office (if changed): **The name and street address of the new registered agent (if changed) and /or registered office (if changed): **The name and street address of the new registered agent (if changed) and /or registered office (if changed): **The name and street address of the new registered agent (if changed) and /or registered office (if changed): **The name address of the new registered agent (if changed) and /or registered office (if changed): **The name address of the new registered agent (if changed) and /or registered office (if changed): **The name address of the new registered agent (if changed) and /or registered office (if changed): **The name address of the new registered agent (if changed) and /or registered office (if changed): **The name address of the new registered agent (if changed) and /or registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if changed): **The name address of the new registered agent (if cha
Naples FL 34119
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 In officer or director) Mane Shiebel Owner (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) 12/1/06 (Date)
If signing on behalf of an entity:
Mane Strichel (Typed or Printed Name)

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