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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE FIRST HOME APPRAISALS CORP

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of <mark>Florida</mark> gistered agent, or both, in the State of Florida.		
1. The name of t	the corporation: FIRST HOME AF	PPRAISALS CORP		
-				-
4. Date of incom	poration/qualification: 05/21/2007	Document number: P0700006064	48	
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)		
	CASTILLO, YADER			
16547 RUBY LK		20%		
	WESTON, FL 33331		2 AU	
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	2022 AUG 29 AM	f f
	Registered Agents Inc.	بلن س	3 1A 13	(
	7901 4th St N STE 300		€ 54	
	St. Petersburg FL 33702	. Box NOT acceptable		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its regist	ered agent,	
Such change wa	as authorized by resolution duly ado ne board, or the corporation has beer	pted by its board of directors or by an officer inotified in writing of the change.	so	
Yade	er Castillo	Yader Castillo, President		
I further agree ; of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all s ad I am familiar with and accept the ng filed merely to reflect a change in s been notified in writing of this char	statutes relative to the proper and complete p obligation of my position as registered agent, of the registered office address. I hereby confi	erformance Or, if this rm that the	
Bee H		8/29/22		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
Т	yped or Printed Name			
	* * * FILING	FEE: \$35.00 * * *		

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