

PD7000114829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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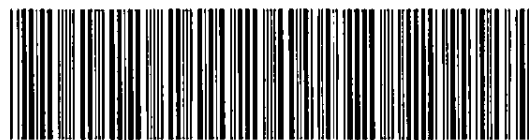
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
PITTSBURGH, PA 15222

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OCT 06 2017

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASI Appraisal, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000114829

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:

Debra J Fergerson

Name of Contact Person

ASI Appraisal, Inc

Firm/Company

P.O. Box 192

Address

Crystal River, FL 34423

City/State and Zip Code

debraf262@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Fergerson

Name of Contact Person

at ( 352 ) 634-0434

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASI Appraisal, Inc
2. The principal office address: 10490 Highway 40 East  
Inglis, FL 34449
3. The mailing address (if different): P.O. Box 192  
Crystal River, FL 34423
4. Date of incorporation/qualification: 10/18/2007 Document number: P07000114829
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)

Debra J Ferguson

3456 N Citrus Ave

Crystal River, FL 34428

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

Debra J Ferguson

10490 Highway 40 East

P.O. Box NOT acceptable

Inglis, Florida 34449

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.

Debra J Ferguson  
Signature of an officer or director

Debra J Ferguson President

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.*

Debra J Ferguson  
Signature of Registered Agent

10/2/2017

Date

If signing on behalf of an entity:

Debra J Ferguson

Typed or Printed Name

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