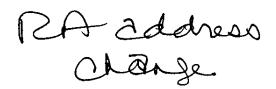
## P0800001070

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200188930972



12/23/10--01020--001 \*\*35.00



12/29/10

## **COVER LETTER**

TO: Amendment Section : Division of Corporations ATB Appraisals, Inc. SUBJECT:\_ Name of Corporation DOCUMENT NUMBER: 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: Seth Truman Name of Contact Person ATB Appraisals, Inc. Firm/Company 16747 Taylow Way Address Odessa, FL 33556 City/State and Zip Code seth.truman@atbappraisals.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 600-0604
Area Code & Daytime Telephone Number seth truman

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: ATB Appraisals, Inc. office address: 16747 Taylow Way, Odessa, FL 33556
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/03/2008 Document number:
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
•	Blaxberg & Johnson, P.A.
	2047 5th Ave. N 75E 7
	St. Petersburg, FL 33713
6. The name and (if changed):	Blaxberg & Johnson, P.A.  2047 5th Ave. N  St. Petersburg, FL 33713  d street address of the new registered agent (if changed) and /or registered office  16747 Taylow Way
	16747 Taylow Way
	Odessa, FL 33556 P.O Box NOT acceptable
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Soth Trumin - President  Reflan officer or director Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei corporation has	Very the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this angular merely to reflect a change in the registered office address, I hereby confirm that the speed to be a change in the registered of the confirmation of this change.
	12/20/2010
_	chalf of an entity:
T	yped 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)