## P13000011481

(Doggastada Nama)	_
(Requestor's Name)  Michelle Moreno  9975 Sw 218 Ter  Cutter Bay FL 33190	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dusiness Littly Hame)	
(Document Number)	_
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## 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: Appraisal Demand Inc.
2. The principal office address: 9975 SW 218 TER  WHER BAY FL 33190
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/04/13 Document number: P13000011481
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)
1 One Stop Shop Enterprises INC.
Residence 16141 SW 141 AVE RESIDED  Miami FL 33177 RESIDED
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Richard F. Moreno
9975 SW 218 Ter
P.O. Box NOT acceptable
Cutter Bay FL 33190
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.
Michelle Moreno Michelle Moreno Printed or typed name and nice
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.
2-mil 1/20/14.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed 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 (03/12)