

PI600009B337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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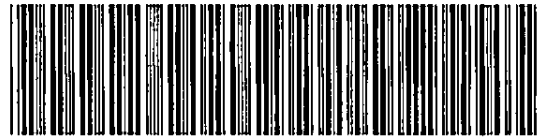
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulf Coast Appraisal Inc.
Name of Corporation

P16000093337

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:

John Pilgrim

Name of Contact Person

Gulf Coast Appraisal Inc.

Firm/Company

8991 Triplett Rd

Address

North Fort Myers FL 33917

City/State and Zip Code

john@gulfcoast-appraisal.com

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

For further information concerning this matter, please call:

John Pilgrim

Name of Contact Person

at (404) 915-5756

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

CR2E045 (03/12)

**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: Gulf Coast Appraisal Inc.
2. The principal office address: 8991 Triplett Rd North Ft. Myers FL 33917
3. The mailing address (if different): 1738 Summerwoods Ln Griffin GA 30224
4. Date of incorporation/qualification: 11/21/2016 Document number: P16000093337
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)

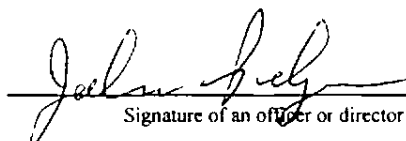
INCORP SERVICES, INC. 17888 67TH COURT NORTH, LOXAHATCHEE, FL 33470

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

John Pilgrim
8991 Triplett Rd
North Ft. Myers FL 33917

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 an officer or director

John Pilgrim DIA
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.

John Suh
Signature of Registered Agent

8/21/2017
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)

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000093337

Entity Name: GULF COAST APPRAISAL INC.

Current Principal Place of Business:

8991 TRIPLETT RD
NORTH FT MYERS, FL 33917

Current Mailing Address:

8991 TRIPLETT RD
NORTH FT MYERS, FL 33917 US

FEI Number: 81-4613857

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name PILGRIM, JOHN
Address 8991 TRIPLETT RD
City-State-Zip: NORTH FT MYERS FL 33917

FILED
Feb 17, 2017
Secretary of State
CC2828355358

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PILGRIM

DIR

02/17/2017

Electronic Signature of Signing Officer/Director Detail

Date