

P20000096109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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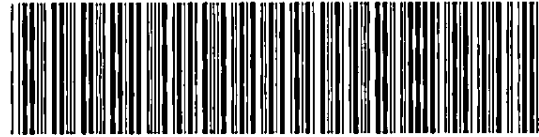
(Business Entity Name)

(Document Number)

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10/24/22--01091--012 **35.00

2022 OCT 21 PM 4:14
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER

OCT 21 2022

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: HOLIDAY RESIDENTIAL APPRAISAL, INC.
2. The principal office address: 1857 WELLS RD SUITE 209
ORANGE PARK, FL 32073
3. The mailing address (if different): P.O. BOX 8202, FLEMING I SLAND, FL 32006
4. Date of incorporation/qualification: 12/08/2020 Document number: P20000096109
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)

LEGALCORP SOLUTIONS, LLC

3440 W HOLLYWOOD BLVD. SUITE 415

HOLLYWOOD, FL 33021

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

Registered Agents Inc.

7901 4th St N, STE 300

P.O. Box NOT acceptable

St. Petersburg , FL 33702

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.

Jeremy A Miller, P
Signature of an officer or director

JEREMY A MILLER, PRES.
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.

Bell Name
Signature of Registered Agent

10/21/22
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 (04/13)