## P93000022824

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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	• mm • m · ·
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: RELIABLE APPRAISING AND REAL ESTATE SERVICES INC. (Name of corporation)		
DOCUMENT NUMBER: 1930440 22824		
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:		
RELIANCE APPRAISING		
PALM CITY FL 34990  (City/state and zip code)		
For further information concerning this matter, please call:		
Lauran Finsen at (561) 632.5252 (Name of contact person) (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 409 E. Gaines Street Tallahassee, FL 32399

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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: RELIABLE APPRAISING AND REYLESTATE SERVICES, IN
2. The principal office address: 3731 60 Spankill TENRALE
PACM CITY, FL 3+990  3. The mailing address (if different):
4. Date of incorporation/qualification: 3/33/93 Document number: P9300002824
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LAUREN FINGER  118 DAY LILY DRW=
LANNEN FINGEN  118 DAY LILY DAW =  Jupiters FL 33458  6. The name and street address of the new registered agent (if changed) and /or registered office
Jupiters FC 33458
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LAUREN FINGER
3731 SW SPOONBILL TERRACE (P.O. Box NOT acceptable)
Pain City, FL 34990
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)  LAUREN TIME ST 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.
(Signature of Registered Agent)  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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