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TO:	Amendment Section Division of Corporations

SUBJECT: Atlantic Appraisal Consultants, Corp. 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:
Name of Contact Person Name of Contact Person
Atlantic Appraisal Consultants Corp.
13100 SW 105 th Avenue Address
Miami FL 33176 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: