P98000035650

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Ro Change 7/4/04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Appraisal Associates of the Treasure Coast, Inc. (Name of corporation)
DOCUMENT NUMBER: P98000035650
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:
Charles V. Vecchio (Name of person)
Appraisal Associates of the Treasure Coast, Inc. (Name of firm/company)
1858 Old Dixie Highway (Address)
Vero Beach, FL 32960-3671 (City/state and zip code)
For further information concerning this matter, please call:
Byron J. Curcio at (772) 778-8000 ext 30 (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

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro	visions of sections	607.0502, 61	7.0502, 607.15	08, or 617.	l 508, Florida	Statutes, thi	s statement of
change is submitted	l for a corporation	organized un	der the laws of	the State of	<u>Flori</u>	.đa	in order
to change its registe	ered office or regis	stered agent, c	or both, in the S	tate of Flor	ida.		
1. The name of the	corporation: Ap	praisal	Associat	es of t	he Treas	ure Coa	ast, Inc.
2. The principal off	ice address: 1	358 Old (Dixie Hig	hway, V	ero Beac	h, FL	3 2960-367 1
3. The mailing adds	ress (if different):_						
4. Date of incorpora	ation/qualification	: 04/20/	1998 Doo	cument nun	nber: <u>P9800</u>	0035650	0
5. The name and str Florida Departme		current registe	ered agent and	registered o	ffice on file w	ith the	
	Charles	s V. Vec	chio			, hours	22 P
_	<u> </u>	, 100	O114O				答とす
	2055 N.	U.S. H	wy 1				
	Vero Be	each, FL	32960			Į.	25 P
	VCIO B	24011, 111	32,00				Ha = C
6. The name and st	reet address of the	new registere	d agent (if chan	ged) and /o	r registered of	fice	
(if changed):		_			_		5
							်ဦးေ မာ
_							
	1858 0		Highway,		Beach, FI	32960	-3671
		(P.O. Box or p	ersonal mailbox NO	[acceptable]			
 -							
The street address changed will be id	of its registered of lentical.	ffice and the	street address	of the busin	less office of	its registere	d agent, as
Such change was a the board, or the co	orporation has be	en notified in	writing of the	change.	cetors or by a	n officer so	damonized by
Charle	2 1/1/2	0	•	G).	-1		
(Sign	ature of an officer of dir	ector)		Chai	les V. \ (Printed or type	/ eccn10 d name and fille	2)
I hereby accept the I further agree to a duties, and I am for being filed merely been notified in wi	comply with the particular with and a to reflect a chang	rovisions of a sccept the obl ge in the regis	ili statutes rela	tive to the t	roner and co	mplete perf ent. Or, if t hat the corp	formance of my his document is poration has
(Sig	gnature of Registered Ag	gent)			((Date)	
If signing on beha	lf of an entity:						
Charle	s V. Vecch	io		D.	irector		
	Typed or Printed Name)				(C	apacity)	

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