

## APPRAISAL MANAGEMENT COMPANY (AMC) CHANGE OF DESIGNATED IN-STATE AGENT INFORMATION

FEES	DATE RECEIVED
NO FEE REQUIRED	
DO NOT WRITE ABOVE THIS L	INE
ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.	
Full Legal Name of AMC (as it appears on registration)	TALCB Registration No.
<b>DESIGNATION OF IN-STATE AGENT</b> (for an AMC not domiciled in Texas for ser	vice of process)
I hereby request that the person named below be designated as in-state agent f	or service of process for the AMC.
Name	
Place of Business Address (must be a fixed street address, not a Post Office Box)	Apt. or Suite
City State Zip Code	Phone Number
☐ TERMINATION OF IN-STATE AGENT (for an AMC not domiciled in Texas for service of process)	
I hereby request that the person named below be removed as in-state agent for service of process for the AMC.	
<b>,</b>	
Name	
Name	
Place of Business Address (must be a fixed street address, not a Post Office Box)	Apt. or Suite
City State Zip Code	Phone Number
I certify that the information provided on this form is true and correct.	
Signature of Person with Authority to Sign on Behalf of AMC	Date Signed
Typed or Printed Name	Title

## PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

- (1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.
- (2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.
- (3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.