M09000002195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800317039888

FILED
18 AUG 10 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 10 PM 4:23

K. SALY
AUG 13 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 338232 7539224

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : August 8, 2018

ORDER TIME : 3:05 PM

ORDER NO. : 338232-040

CUSTOMER NO: 7539224

FOREIGN FILINGS

NAME: ASSURANT APPRAISALS, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX ___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62925

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

FILED
18 AUG 10 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Assurant Appraisals, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

2. The Florida document number of this limited liability company is: M09000002195

3. Jurisdiction of its organization: Nebraska

4. Date authorized to do business in Florida: 06/09/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Xome Valuation Services LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

FILED
18 AUG 10 PM 12:4[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Change in managers

Title/ Capacity	Name	Address	Type of Action
Manager	Daniel J. Hoppes	9151 BOULEVARD 26 SUITE 400	☐ Add
		Richland Hills, Texas 76180	■ Remove
Manager	Michael Campbell	2677 N Main Street, Suite 600	☐ Add
		Santa Ana, California 92705	■ Remove
Manager	Anthony L. Ebers	8950 Cypress Waters Blvd	■ Add
		Coppell, Texas 75019	☐ Remove
Manager	Jeffrey M. Neufeld	8950 Cypress Waters Blvd	■ Add
		Coppell, Texas 75019	☐ Remove
Manager	Amar R. Patel	8950 Cypress Waters Blvd	■ Add
		Coppell, Texas 75019	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Karen L. Robb

Signature of the authorized representative

Karen L. Robb

Typed or printed name of signee

Filing Fee: $25.00

State of Indiana
Office of the Secretary of State

FILED
18 AUG 10 PM 12:4[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Fact

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

XOME VALUATION SERVICES LLC

filed Articles of Amendment on August 09, 2018, changing their name from Assurant Appraisals, LLC to Xome Valuation Services LLC.

SEAL OF THE STATE OF INDIANA 1816

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 10, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2005033000260 / 2018696908

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on September 09, 2018.