L13000013069

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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09/24/14--01017--002 **35.00



LLC RAIRO Change



September 19, 2014

Secretary of State Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Re: Change of Registered Office/Agent for Valbridge Property Advisors Franchising System, LLC

Dear Sir/Madam:

Enclosed please find: (A) the original signed change of registered office/agent for Valbridge Property Advisors Franchising System, LLC; and (B) a check in the amount of \$25.00, to cover the filing fee. Please change your records accordingly.

If you have any questions or need further information, please call me at (407) 649-7777. Thank you for your assistance.

Very truly yours,

Edward R. Alexander, Jr.

Enclosures

(2) Entrepreneurship LAW FIRM

FACSIMILE TRANSMITTAL SHEET			
то: . Tina Carter	_{FROM:} Je an Pfeiffe r		
Company: Change of Registered Agent	OCTOBER 10, 2014		
FAX NUMBER: 850-245-6897	TOTAL NO. OF PAGES INCLUDING COVER:		
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:		
Valbridge Property Advisors, Inc. and Valbridge Property Advisors Franchising System, LLC	YOUR REFERENCE NUMBER:		
☐ URGENT ☐ FOR REVIEW ☐ PLEASE CO	OMMENT PLEASE REPLY PLEASE RECYCLE		
NOTES/COMMENTS: Good afternoon, Tina.			
that we sent to your office on Septemb rejected and mailed back to us on Octo	atus of the change in registered agent forms per 19, 2014, I was informed that they were ober 7, 2014. We have not yet received the were corrected, I could fax them to you for		
Please call me at 407-649-7777, if you h	ave any questions.		
Thank you. Jean Pfeiffer			
Legal Assistant to Edward R. Alexander,	, Jr., Esq.		



October 7, 2014

EDWARD R. ALEXANDER, JR. ENTREPRENEURSHIP LAW FIRM 220 N ROSALIND AVE, 1ST FLOOR ORLANDO, FL 32801 US

SUBJECT: VALBRIDGE PROPERTY ADVISORS FRANCHISING SYSTEM,

LLC

Ref. Number: L13000013069

We have received your document for VALBRIDGE PROPERTY ADVISORS FRANCHISING SYSTEM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation").

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 914A00021398

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0 limited liability company submits the following statemen or registered agent, or both, in the State of Florida.	
Name of the limited liability company: <u>Valbridge ProLLC</u>	operty Advisors Franchising System.
2. (a) Principal office address of limited liability company: (b) Mai	ling address of limited liability company:
2240 Venetian Ct. Naples, FL 34109	2240 Venetian Ct Naples, FL 34109
3. Date of filing/registration in Florida 01/24/2013	4. Document number <u>L13000013069</u>
5. (a) Registered Agent and Registered Office shown on the record	s of the Florida Dept. of State:
Robert G. Beaumont, Jr. 630 Hillcrest St.	F.
Orlando, FL 32803 (b) Enter name of NEW Registered Agent and/or NEW Registered	rtd Office address:
Richard Armalavage	10 th
2240 Venetian Ct.	\$1.°
Naples, FL 34109	•
If the limited liability company is not organized under the confirmed that after the change or changes are made, the office and the business office of the registered agent will limited liability company, it is hereby confirmed that the affirmative rate of the members of the limited liability or articles of organization of the operating agreement of the	Florida street address of the registered be identical. Or, in the case of a Florida change(s) was/were authorized by an ompany or as otherwise provided in the
Signiture of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and acceptstered agent us provided for in Chapter 605, F.S. Or, reflect archinge in the registered office address, I hereby company this over notified in writing of this change.	e to the proper and complete cept the obligations of my position as if this document is being filed to merely confirm that the limited liability
March Tel	10-10-14
Signature of Registered Agent	Dute: