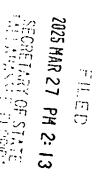
(Requestor's Name) (Address)	400447441894		
(Address) (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)	03/4	27 /2 50100802 4 1725	
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clear Value Appraisals LLC	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Control of the enclosed Registered Agent/Registered Agent	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Adam Saulters	
Name of Person	
ZenBusiness Inc.	
Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Cod	e
ra@zenbusiness.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this mat-	ter, please call:
Adam Saulters	844 493-6249 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited li	ability company: Clear Value	Appraisals L	LC	
2. (a) 1023 CANOVIA AV	ENUE	(b) 1023 (CANOVIA AVENUE
(Principal office	address of limited liability company: UST BE STREET ADDRESS)		··/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32	3()4		ORLA	NDO, FL 32804
				L25000	040567
3. 5. (Date of fil RATKAL RICHAR	ing/registration in Florida D D	4.		Document number
<u>(</u>		tegistered Office shown on the record	Is of the Florid	la Dept. of	State:
	Registered Office Add	ress (MUST BE FLORIDA STRE	EET ADDRES	<u>:2)</u>	
	ORLANDO		, FL 32804		FILED 2025 MAR 27 PH 2: SECRETARY OF STA
(t	ZenBusiness Inc.				AR 2
Ì		egistered Agent and/or NEW Regist	tered Office a	ddress:	OF S
	336 E. College Ave	Suite 301			7 %:
	NEW Registered Offic	e Address:			<u>्र</u> ेल ढ
	Tallahassee		, FL ³²³⁰¹		
chan agen was/	ge or changes are mad t will be identical. Or were authorized by an	e, the Florida street address of in the case of a Florida limite	the register d liability c ers of the lin the limited	ed office ompany, nited liab	• •
Sig	nature of a member or auth	orized representative of a member			Printed or typed name of signce
I he prov the o to me notif	rehy accept the appoir isions of all statutes re bligations of my posit erely reflect a change led in writing of this c	nument as registered agent and clative to the proper and compl ion as registered agent as prov in the registered office address hange.	agree to ac lele perforn vided for in s, I hereby c	t in this c nance of n Chapter (confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
Signa	ature of Registered Agent	ym IT			