

L99000007225

REALVEST
APPRAISAL SERVICES



9309 OLD KINGS ROAD SOUTH, SUITE 5
JACKSONVILLE, FLORIDA 32257

City/State/Zip

Phone #

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Realvest Appraisal Services of Jacksonville, LLC
(Corporation Name) (Document #) 100003267381--5
-05/25/00--01103--004
*****25.00 *****25.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

00 MAY 25 PM 1:59
SECRET
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS

Examiner's Initials

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Realwest Appraisal Services of Jacksonville LLC
2. The mailing address of the limited liability company is : 9309 Old Kings Road South,
Suite 5 Jacksonville, Florida 32257
3. Date of filing/registration in Florida 10/25/99 4. Document number L99000007225

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Angela Brown
Name
2200 Lucien Way Suite 350
Address
Maitland, Florida 32751
City, State and Zip

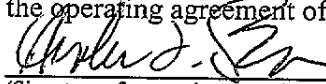
6. The name and address of the new registered agent and/or office:

Brad Nelson
Name
9309 Old Kings Road South Suite 5
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32257
City, State and Zip

00 MAY 25 PM 2:00

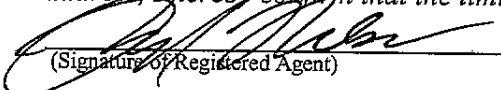
SECTION 608.416
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Angela L. Brown
(Printed or typed name of signer)

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 608, 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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314