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UNITED STATES APPRAISALS LLC

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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.

Name of the limited liability company:	UNITED ST.	ATES APPRAIS	ALS LLC	
2. (a) Principal office address of limited liability company:		10975 EI M	1onte #200	
(Note: MUST BE STREET ADDRESS)			 	
	-	LEAWOOD, KS 66211 10975 El Monte #	_	
(b) Mailing address of limited liability company:		10973 Et Monte A	200	
(Note: MAY BE POST OFFICE BOX)		LEAWOOD, KS 66	2127	
March 1, 2011		M11000001	095 0	
3. Date of filing/registration in Florida	4. Doc	cument number	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
5. (a) Registered Agent and Registered Office sl	hown on the reco	ords of the Florida De	ept. of State	
Registered Agent:	СТС	CT Corporation System		
Registered Office Address:	1200	1200 South Pine Island Road		
	Planta	ition, Florida 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		W Registered Office address: National Corporate Research, Ltd., Inc. 155 Office Plaza Drive		
		ssee	,FL 32301	
If the limited liability company is not organized u confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the offithe members of the limited liability company of or the operating agreement of the limited liability with Mugnar. Signature of a member or authorized representative of a member.	ide, the Florida s I be identical. O change(s) was/w r as otherwise pi	street address of the re or, in the case of a Flo rere authorized by an	egistered office orida limited affirmative vote	
Keri M Siegman				
Printed or typed name of signee				
I hereby accept the appointment as registered ag comply with the provisions of all standes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this discovent is being fi address I hereby confirm that the limited liability	ent and agree to to the proper an of my position a led to merely ref company has he	act in this capacity, d complete performa is registered agent as lect a change in the r cen notified in writing	I further agree to nice of my duties, provided for in egistered office g of this change.	
Signature of Registerod Agent Mark Thomas, Assistar	nt Secretary			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)