# M11000001095

(	Requestor's Name)	
(	Address)	
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(1	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
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(1	Document Number)	
Certified Copies	Certificates of S	tatus
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Special Instructions	to Filing Officer:	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088 Date: \_\_\_January 17, 2022 **GREG PINTACUDA** 1552734 Reference #: **Entity Name: STEWART VALUATION INTELLIGENCE LLC** Articles of Incorporation/Authorization to Transact Business ✓ Amendment Change of Agent Reinstatement Conversion Dissolution/Withdrawal Fictitous Name Other\_\_\_\_\_ \$25 Authorized Amount: \_\_\_\_\_

Signature:

6 BEMS MARKS, 19 FT

LONDON EC3A 7BA



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: January 17, 2022	Account#: 120000000088
Name: GREG PINTACUDA	
Reference #:	
Entity Name: STEWART VALUATION INTELLIGENCE LLC	<u>c</u>
Articles of Incorporation/Authorization to Transact Busine	ss
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$25	
Signature:	

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LONDON ECHA 78A

### **COVER LETTER**

TO:	Registration Division of	Section Corporations			
SUBJ	ECT:	<del></del>	ATES APPRAIS		
		Name of Foreig	gn Limited Liabili	ity Comp	any
Dear S	Sir or Madam:				
The er	nclosed applic	ation, certificate and fee(s)	are submitted for	filing.	
Please	return all cor	respondence concerning th	is matter to the fo	llowing:	
		Kellie Beargie			
		Name of Person			
		Firm/Company			
	7500	W. 110th Street, Suite 4	120		
		Address			
	Ov	erland Park, KS 66210			
		City/State and Zip Cod	e		
	STATRE	P@COGENCYGLOBAL	L.COM		
E-m	nail address: (1	to be used for future annua	I report notification	on)	
For fu	rther informat	ion concerning this matter,	, please call:		
	Christi	na Marasigan	at ( 518 )		213-0818
	Nan	ne of Person	Area Code &	2 Daytim	e Telephone Number
	Registration Division of Clifton Buil 2661 Execu	Corporations		Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
	sed is a check 5 Filing Fee	for the following amoun  ☐ \$30 Filing Fee &  Certificate of Status	🗓 \$55 Filing		S60 Filing Fee, Certificate of Status & Certified Copy

TO:

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

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	•
State: UNITED ST	ATES APPRAISALS LLC
Enter new principal office address, if applicable:	
(Principal office address	5 20 <b>22</b>
MUST BE A STREET ADDRESS	
	14.73 14.73 18.73
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	왕 <b>2</b>
2. The Florida document number of this limited liab	ility company is:M11000001095
Jurisdiction of its organization:	Kansas
4. Date authorized to do business in Florida:	
SECTION II (5-9 complete only the applicable ch	
5. New name of the limited liability company:	Stewart Valuation Intelligence, LLC contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must o	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	or the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
<del></del> -	, Florida

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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			i Remov		
			Add		
			Remov		
			Add		
			Remov		
			Add		
			Remove		
			Add		
	cate, if required: no more than 90 day endment(s), duly authenticated by the		Remove		
jurisdiction under the	he law of which this entity is organize	d.	u.0		
	/s/ Aaron Fo	wler authorized representative			

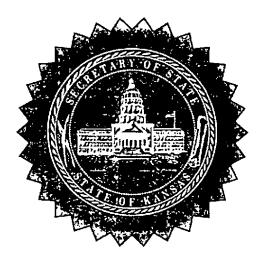
Filing Fee: \$25.00

## STATE OF KANSAS OFFICE OF SECRETARY OF STATE

1. Scort Schwab. Kansas Secretary of State, certify that the records of this office reveal the following: That UNITED STATES APPRAISALS, LLC is a regularly and properly organized limited liability company under the laws of the state of Kansas, having been incorporated in Kansas on the 11th day of July, A.D., 2008.

I FURTHER CERTIFY that a certificate of amendment was filed in this office January 13, 2022, changing the company name from UNITED STATES APPRAISALS, LLC to STEWART VALUATION INTELLIGENCE, LLC.

I DO FURTHER CERTIFY that STEWART VALUATION INTELLIGENCE, LLC. is in good standing having fully complied with all requirements of this office.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka,
this 14th day of January, A.D., 2022.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE