

M 11 000000 1207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

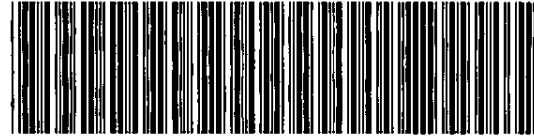
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014
MAR 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 18 2014



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: March 13, 2014

Order#: 029043-004

Re: APPRAISAL MANAGEMENT SPECIALISTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Morgan Kennedy
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114, 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 liability company: APPRAISAL MANAGEMENT SPECIALISTS, LLC

2. (a) Principal office address of limited liability company: W348S8787 ALLEANOR LN
(Note: **MUST BE STREET ADDRESS**)

EAGLE WI 53119

(b) Mailing address of limited liability company: W348S8787 ALLEANOR LN
(Note: **MAY BE POST OFFICE BOX**)

EAGLE, WI 53119

03/08/2011 M11000001207

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: BUSINESS FILINGS INCORPORATED

Registered Office Address: 515 E. PARK AVENUE

TALLAHASSEE FL 32301

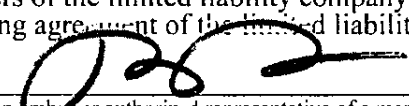
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee FL 32301

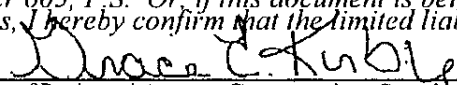
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

DONA PRIEBE, AUTHORIZED PERSON

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 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.

By: 

Signature of Registered Agent Corporation Service Company GRACE E. KIRBY, ASSISTANT VICE PRESIDENT

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

FILING FEE: \$25.00