

M1100003410  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC REGISTERED AGENT CHANGE  
REAL ESTATE VALUATION PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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AUG 27 2015  
J. HARRIS

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Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAL ESTATE VALUATION PARTNERS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following 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 liability company: REAL ESTATE VALUATION PARTNERS, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Three Sugar Creek  
#100, SUGAR LAND, TX 77478

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
300 Madison Ave  
Suite 900, Toledo, OH 43604

3. 07/06/2011 Date of filing/registration in Florida  
4. M11000003410 Document number

5. (a) NATIONAL CORPORATE RESEARCH, LTD., INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
115 North Calhoun St., Suite 4  
Tallahassee, FL 32301

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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.

Joseph Tamimi  
Signature of a member or authorized representative of a member

Joseph Tamimi, Member

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: Sandra Stewart

Sandra Stewart  
Assistant Secretary

Signature of Registered Agent

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

INHS18 (2/14)

2015 AUG 26 AM 8:37  
STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT THE WILLIAM FALL GROUP, INC.** ("Corporation"), a corporation incorporated under the laws of the State of Ohio and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint JoAn Tolosa, Joseph Tamimi, Patricia Belanger, Kimberly Bowens, Denise Bell, Thomas Anderson and Deirdre Curtis, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the Subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the Subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, JoAn Tolosa, Joseph Tamimi, Patricia Belanger, Kimberly Bowens, Denise Bell, Thomas Anderson and Deirdre Curtis shall exercise the power of Vice President, Secretary, Assistant Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

31 IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this day of July 2015.

**THE WILLIAM FALL GROUP, INC.**

An Ohio Corporation

By: [Signature]

Name: William Fall

Title: CEO

State of Ohio

County of Lucas

On 7/31 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared William Fall, CEO, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

[Signature]  
Notary Public

My Commission Expires 5-20-28

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SECRETARY OF STATE

8/26/2015 3:53:34 PM From: To: 8506176383( 5/5 )

Exhibit A  
Subsidiaries/Affiliates of  
***THE WILLIAM FALL GROUP, INC.***

Real Estate Valuation Partners, LLC (Ohio Domestic)

FILED  
2015 AUG 26 AM 8:37  
STATE OF FLORIDA  
TALLAHASSEE