

M11000004459

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) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR -4 PM 8:20

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**LLC REGISTERED AGENT CHANGE
VALUTRUST SOLUTIONS, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

APR - 5 2013

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALUTRUST SOLUTIONS, L.L.C.
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

IN11818 (5/08)

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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.

1. Name of the limited liability company: VALUTRUST SOLUTIONS, L.L.C.

2. (a) Principal office address of limited liability company: 7500 COLLEGE BLVD. SUITE 600
(Note: MUST BE STREET ADDRESS) OVERLAND PARK, KS 66210

(b) Mailing address of limited liability company: 7500 COLLEGE BLVD. SUITE 600
(Note: MAY BE POST OFFICE BOX) OVERLAND PARK, KS 66210

09/02/2011

3. Date of filing/registration in Florida

M11000004459

4. Document number

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

Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 515 E. PARK AVE.
TALLAHASSEE, FL 32301

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

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) 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.

Troy Tolano
Signature of a member or authorized representative of a member

TROY TOLANO
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.

By: Troy Tolano
Signature of Registered Agent

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

INHS18 (05/08)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Valustrust Solutions, LLC, a limited liability company incorporated under the laws of the state of Kansas ~~and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto,~~ does hereby appoint Troy Toland and Nancy Lydon, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the LLC to act for the LLC and in the LLC's name for the limited purposes authorized herein.

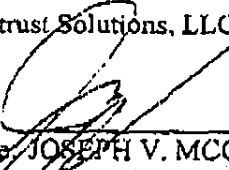
The LLC and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the LLC's and the subsidiary entities' registered agent and registered office, or the agent and office of similar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

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Nancy Lydon and Troy Toland shall exercise the power of Vice President, Secretary, Manager and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 2nd day of April, 2013

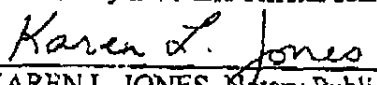
Valustrust Solutions, LLC, a Kansas limited liability company

By: 
Name: JOSEPH V. MCCABE
Title: General Counsel

State of OREGON
County of WASHINGTON

On April 2, 2013, before me, the undersigned, a Notary Public in and for said State, personally appeared JOSEPH V. MCCABE, 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.


KAREN L. JONES, Notary Public



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