## M110000004499

(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:					

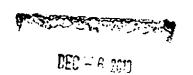
Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscqlobal.com

Date: November 4, 2019

Order#: 030530-017

Re: VALUTRUST SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  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: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive 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.

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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 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. N	ame of the limited liability company: VALUTRUST So	OLUTION	IS, L.L.C.	
2 (a)	12909 SW 68th Parkway Suite 350	(b)	12909 S	W 68th Parkway Suite 350
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*)	Ma	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Portland, OR 97223	<del>-</del> -	Portland, 0	DR 97223
	09/02/2011	_ <b>.</b>	M1100000	4459
3.	Date of filing/registration in Florida	4.	E	Document number
5. (a	C T CORPORATION SYSTEM			
J. (u	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	1200 South Pine Island Road			25 <b>19</b>
	Plantation , FL	33324		NOW TO
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered  1201 Hays Street  NEW Registered Office Address:	Office add	ress:	-6 PH 1: 34
	Tallahassee , FL	32301		
the chagent was/w the ar Sign I hero provise the obto men	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable rere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member reby occupy the appointment as registered agent and agricions of all statutes relative to the proper and complete alignations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	the regis ability co of the limi limited li  Jill C wee to act performa d for in C hereby co	tered office ampany, it is ted liability compability compability in this capacince of my dishapter 605, afirm that the	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Zed Person  Printed or typed name of signee  City. I further agree to comply with the puties and I am familiar with and accept

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