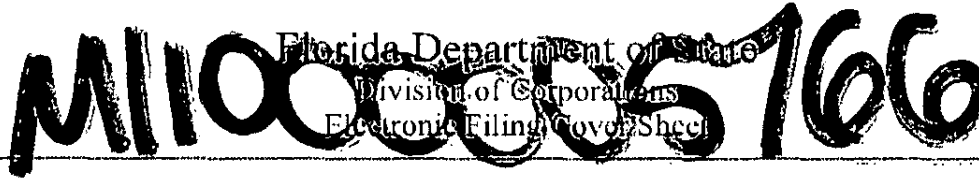


5/5/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000124550 3)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALUED VETERANS LLC**

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

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TALLAHASSEE, FLORIDA

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D. SCOTT

MAY 8 2017

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2017-05-05 13:55:42 CST
RE	Valued Veterans LLC

COVER MESSAGE

Thank You,

Nicole Diffenbaugh
Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

**Wolters Kluwer**

1209 N Orange Street
Wilmington, DE 19801
www.wolterskluwer.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALUED VETERANS LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

VALUED VETERANS LLC

Firm/Company

15 Melrose Drive, Suite 130

Address

Carlsbad CA 92010

City/State and Zip Code

accounting@valvets.com

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

For further information concerning this matter, please call:

Emily Schukman

at (913)

601 6465

Name of Person

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

**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 on the records of the Florida Department of

State: VALUED VETERANS LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

3115 Melrose Drive, Suite 130

Carlsbad CA 92010

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

3115 Melrose Drive, Suite 130

Carlsbad CA 92010

2. The Florida document number of this limited liability company is: M11000005766

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 11/15/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CLAROCITY VALUATION SERVICES, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

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.

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Shane Copeland
Signature of the authorized representative

Shane Copeland

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE



KANSAS SECRETARY OF STATE
Limited Liability Company
Certificate of Amendment

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor
 120 S.W. 10th Avenue
 Topeka, KS 66612-1594

(785) 296-4564
 kssos@sos.ks.gov
 www.sos.ks.gov

3213 01
 053 015
 \$35.00

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04-28-2017
3 02:48:51 PM
FILE# 6542765



04600809

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

1. **Business entity ID number**
 Not Federal Employer ID Number (FEIN).

6542765

2. **Name of limited liability company**
 Must match name on record with Secretary of State.

Valued Veterans, LLC

3. The limited liability company amends its articles of organization as follows:

The name of the Limited Liability Company shall be Clarocity Valuation Services, LLC

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 TULALASSEE, FLORIDA

4. **Future Effective date**
 Must be within 90 days of filing date.

☒ Upon filing

☐ Future effective date:

Month

Day

Year

5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person

X *SLRSD*

Month

Day

Year

April

25

2017

Name of Signer (printed or typed)

Clarocity, Inc., Sole Member

Phone Number

(760) 208-6460



I hereby certify this to be a true and correct copy of the original on file.
 Certified on this date *MAY 3, 2017*
 Kris W. Kobach
 Secretary of State *Kris W. Kobach*