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:				

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LPS VALUATION SOLUTIONS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K.SALY EXAMINER EEB 11 2014

COVER LETTER

TO: Registration 5 Division of C				
SUBJECT: LPS Val				
	Name of Foreign	Limited Liab	ility Com	pany
Dear Sir or Madam:				
The enclosed applica	tion, certificate and fee(s) a	re submitted	for filing.	
Please return all corre	espondence concerning this	matter to the	gniwollat	:
April Johnson			_	
	Name of Person			
LPS Valuation Solution			_	
	Firm/Company			
601 Riverside Avenue			_	
	Address			
Jacksonville, FL 32204			_	
	City/State and Zip Code		_	
april.juhnson@lpsvcs.co	om			
E-mail address: (to	be used for future annual r	eport notifica	tion)	
For further information	on concerning this matter, p	lease call:		
April Johnson		nt (904	854-525	6
Name	of Person	Area Cod	e & Daylin	ne Telephone Number
STREET/CO Registration S Division of C Clifton Build 2661 Executiv Tallahassee, E	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount: S25 Filing Fee S30 Filing Fee & Certificate of Status CR2F055 (12/13)		□ \$55 liling Fee & Certified Copy		☐ \$60 Filing Fee, Certificate of Status & Certified Copy
•				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

	SECTION I (1-3 must be completed)	701	~~
I. N S	lame of limited liability Company as it appears on the records of the Florida Department of tate: LPS Valuation Solutions, LLC	FEB 10	FILED ON OF
2. Jı	urisdiction of its organization: California	386. 6 3. 7. 04. 2	SK C
3. E	Pate authorized to do business in Florida: 12/09/2011	COALS!	, P
SEC	TION II (4-7 complete only the applicable changes)	40	
4 N	lew name of the limited liability company: BKIS Valuation Solutions, LLC		
ין •די	(must contain "Limited Liability Company, ""L.L.C.," or "Ll.C.")		
Flor the a or "l 5. I	ame unavailable, enter alternate name adopted for the purpose of transacting business in ida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." LLC.") If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
6. I ti	f the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate nat change: MBRM is changed to Black Knight Data & Analytics, LLC		
а	Attached is an original certificate, if required: no more than 90 days old, evidencing the forementioned amendment(s), duly authenticated by the official having custody of records in the urisdiction under the law of which this entity is organized. Signature of the authorized representative		
	•		
	Michael L. Gravelle		
	Typed or printed name of signee		
	Filing Fee: \$25.00		

State of California Secretary of State

CERTIFICATE OF FILING OF NAME CHANGE

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 9th day of January, 2014, there was filed in this office an amendment whereby the Limited Liability Company name of LPS VALUATION SOLUTIONS, LLC, a(n) CA limited liability company, was changed to: BKIS VALUATION SOLUTIONS, LLC.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 5, 2014.



DEBRA BOWEN
Secretary of State