

m13000001490

(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



600266911826

12/02/14--01017--002 **25.00

APPROVED
AND
FILED

14 DEC -2 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2014

T. LEMMON

[Handwritten signature]

November 25, 2014

VIA US MAIL

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **HOME BASE APPRAISAL MANAGEMENT, LC.**

Dear Sir or Madam:

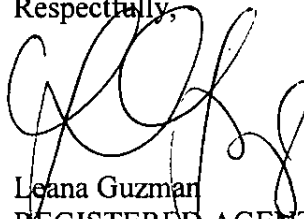
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Leana Guzman
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: HOME BASE APPRAISAL MANAGMENT, LLC

2. (a) Principal office address of limited liability company: 4225 NIKE DRIVE STE B200
(Note: MUST BE STREET ADDRESS) WEST JORDAN, UT 84088

(b) Mailing address of limited liability company: 4225 NIKE DRIVE STE B200
(Note: MAY BE POST OFFICE BOX) WEST JORDAN, UT 84088

03/07/2013

M13000001490

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: INCRP SERVICES, INC.

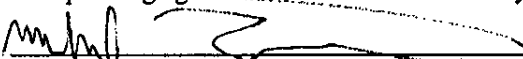
Registered Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

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

NEW Registered Agent: REGISTERED AGENT SOLUTIONS, INC.

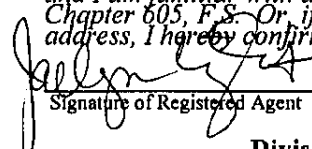
NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 155 Office Plaza Dr.
Suite A
Tallahassee, FL 32301

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.


Signature of a member or authorized representative of a member

Michael Jorgensen: CEO
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.


Jaclyn Wright, Asst. Secretary
Signature of Registered Agent

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

INTS18 (12/13)

14 DEC -2 PM 11:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: HOME BASE APPRAISAL MANAGMENT, LLC
2. (a) Principal office address of limited liability company: 4225 NIKE DRIVE STE B200
(Note: MUST BE STREET ADDRESS) WEST JORDAN, UT 84088
- (b) Mailing address of limited liability company: 4225 NIKE DRIVE STE B200
(Note: MAY BE POST OFFICE BOX) WEST JORDAN, UT 84088

03/07/2013 M13000001490

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: INCORP SERVICES, INC.


Registered Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

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

NEW Registered Agent: REGISTERED AGENT SOLUTIONS, INC.

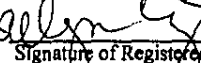
NEW Registered Office Address: 155 Office Plaza Dr.
(MUST BE FLORIDA STREET ADDRESS) Suite A
Tallahassee, FL 32301

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.


Signature of a member or authorized representative of a member

Michael Jorgensen CEO
Printed or typed name of signee

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.


Signature of Registered Agent Jaclyn Wright, Asst. Secretary

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

14 DEC -2 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED