M13000003186

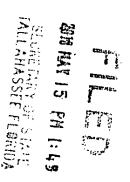
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:5/15/2018	Accounts. 12000000000
Name: Merritt Knickle	
Reference #:	
Entity Name: URBAN PROPERTY DATA, LLC	_
Articles of Incorporation/Authorization to Transact Busine	ss
☐ Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$25 Signature: , www.	

OCORPORATE HQ

COGENCY GLOBAL INC. 10 E 40" ST, 10" FL NY, NY 10016 800.221.0102 +1.212.947.7200 @EUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY 4-8010-12
6 BEVIS MARKS, 14 FL LONDON EC3A 7BA +44 (0)20.3786.1090

ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY INFINITUS PLAZA, 12¹⁻⁻ FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

COVER LETTER

TO:		stration Section tion of Corporations				
SUBJI	ECT:	Urb	an Pı	operty	Data	ı, LLC
		Name	of Li	mited Li	abilit	y Company
Dear S	Sir or M	fadam:				
The en	closed	Registered Agent/Registered Office	e Cha	nge and	fee(s)	are submitted for filing.
Please	return	all correspondence concerning this	matte	er to the	follov	ving:
		Lisa Lawrence / Missy Mallo	у			
		Name of Person			·· -	
		WLTIC - Corp Legal Dept				
		Firm/Company			_	
		875 Concourse Pkwy S				
		Address				
		Maitland, FL 32751				
		City/State and Zip Code				
		AgentLicensing@wltic.com)			
E	E-mail a	address: (to be used for future annu	al repo	ort notifi	cation	1)
For fur	rther in	formation concerning this matter, p	olease	call:		
		Missy Malloy	at (407)	375-4304
		Name of Person			Arc	a Code & Daytime Telephone Number
	STRI	EET/COURIER ADDRESS:		MA	ILIN	IG ADDRESS:
		tration Section	Registration Section			
	Divis	ion of Corporations	Division of Corporations			
		on Building	P.O. Box 6327			
		Executive Center Circle hassee, Florida 32301		Tal	lahass	see, Florida 32314
Enclosed is a check for the following amount:						
	□ \$ 2:	5 Filing Fee		□ \$5	5 Fili	ng Fee & Certified Copy
INHS18	8 (2/14)					

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

١.	Na	me of the limited liability company:	URBAI	N PROPERTY DATA, LLC
2.	(a)	1001 LIBERTY AVENUE, SUITE 1050	(b) _	11802 RIDGE PARKWAY, SUITE 200
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		PITTSBURG, PA 15222		BROOMFIELD, CO 80021
		05/20/2013		M13000003186
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CORPORATION SERVICE COMP.	ANY	
,		Registered Agent and Registered Office shown on the records of the	he Florida De	ept. of State:
		1201 HAYS STREET		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		TALLAHASSEE , FL	32301-	2525 A S S S S S
(b)	(b)	COGENCY GLOBAL INC.		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	SS: Of CA
				The state of the s
		115 North Calhoun Street, Suite 4	ļ	
		NEW Registered Office Address:		
		Tallahassee FI	3230	01
the ag wa	cha ent v is/we	imited 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 lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	rs of the State the register bility comp f the limite	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.
	41a	ture of a member or authorized representative of a member		Charles S. Sanders Printed or typed name of signee
r.	hava	hy accent the appointment as registered agent and agre	ee to act in	this canacity. I further guree to comply with the
pro the to	ovisi 2 obl merc	by uccept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	performand for in Cha ereby conf	ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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

Menutt Knickle Signature of Registered Agent