M17000004337

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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TENCY OF STATE

RECEIVED 2024 JUL -2 AHII: 18

C-1/cc/24

CORPORATION SERVICE COMPANY 1201 Hays Street

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 515767 8046906 AUTHORIZATION COST LIMIT ORDER DATE: June 25, 2024 ORDER TIME : 4:01 PM ORDER NO. : 515767-485 CUSTOMER NO: 8046906 FOREIGN FILINGS NAME: COMPUTERSHARE VALUATION SERVICES LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER:

COVER LETTER

TO: Registration Section

Divis	sion of Corporations				
SUBJECT:	Computershare Valuation Services LL	.c			
OOD@ECT.	Name of Foreig	n Limited Liability C	ompany		
Dear Sir or N	Madam:				
The enclosed	d application, certificate and fee(s)	are submitted for fili	ng.		
Please return	all correspondence concerning th	is matter to the follow	ring:		
	Name of Days				
	Name of Person		1, 200		
CSC Global			in the second		
	Firm/Company		. +2 Alivo		
			-2 AM 9: 11 RY OF STATE PASSEE, FL		
	Address		JATE		
			. ,		
	City/State and Zip Code	2			
E-mail add	dress: (to be used for future annual	report notification)			
For fu rthe r in	nformation concerning this matter,	please call:			
		at ()			
	Name of Person	Area Code & Day	ytime Telephone Number		
Regi Divi:	Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations		tration Section ion of Corporations		
	Box 6327 shassee, FL 32314	2415	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl □\$25 Filing	•	□ \$55 Filing Fee &	□ \$60 Filing Fee,		
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
CR2E055 (9/15)	1		54 Oop;		

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)

——————————, FI	orida Zip Code		
	Enter Florida Street Address		
Name of New Registered Agent:			
6. If amending the registered agent and/or registered officer address on our records, enter registered agent and/or the new registered office address here:	the name of the new		
(If name unavailable, enter alternate name adopted for the purpose of transacting business copy of the written consent of the managers or managing members adopting the alternate must contain "Limited Liability Company," "L.L.C." or "LLC.")	s in Florida and attach a name. The alternate name		
New name of the limited liability company: NewRez Valuation Services LLC (must contain "Limited Liability Company,	""L.L.C.," or "LLC.")		
SECTION II (5-9 complete only the applicable changes)	FATE =		
4. Date authorized to do business in Florida: 05/22/2017	6 H		
Jurisdiction of its organization: Delaware	-2 A		
2. The Florida document number of this limited liability company is: M17000004337	7		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal office address, if applicable:			
Name of limited liability Company as it appears on the records of the Florida Departm State: Computershare Valuation Services LLC	nent of		

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.

If the amendment c	hanges person, title or capacity in accord	ance with 605.0902 (1)(e), ind	licate that cha	nge:
tle/ Capacity	Name	Address	Type of Action	
				□Add
	_			□Remov
		· · · · · · · · · · · · · · · · · · ·		□Add
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			STATE E. FL	e e e e e e e e e e e e e e e e e e e
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				_ 🗆 Add
aforementioned an	ficate, if required: no more than 90 days nendment(s), duly authenticated by the	official having custody of rec	ords in the	_ □Remo
jurisdiction under	the law of which this entity is organized	uthorized representative		
	Spencer Mosness, Authorized Signat			

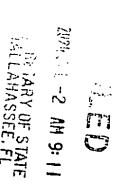
Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COMPUTERSHARE
VALUATION SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "NEWREZ VALUATION SERVICES LLC" ON THE
TWENTY-FIRST DAY OF JUNE, A.D. 2024, AT 12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.





Authentication: 203802723

Date: 06-26-24