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(Requ	iestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
_	_	
(Buşıı	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer	
	ing Officer.	

Office Use Only



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05/27/16--01019--009 **25.00

TILLE 3.5.

JUN 0 6 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: May 25, 2016

Order#: 149291-011

Re: VALUATION INFORMATION TECHNOLOGY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 Florida.

. (a)	8009 34th Ave. S. SUITE 1300		(b)	
(-)	Principal office address of lim (Note: MUST BE STR.)	ited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bloomington, MN	55425		
	10/20/1998		M980	000001211
•	Date of filing/registrat	ion in Florida	4.	Document number
. (a)	C T CORPORATION SYST	EM		
. ()	Registered Agent and Registered Office	ce shown on the records	of the Florida Dept. o	f State:
	1200 S. PINE ISLAND ROAD	1		
	Registered Office Address (MUST		ET ADDRESS)	
				m 7
	PLANTATION		FL <u>33324</u>	FILED 2010 WAY 27 P
(b)	Corporation Service Company Enter name of NEW Registered Ages		red Office address:	—
	1201 Hays Street NEW Registered Office Address:			P 3: 51
	Tallahassee		FL 32301	
he cha gent v vas/w	ange or changes are made, the Fl will be identical. Or, in the case	organized under the orida street address of a Florida limited vote of the member	laws of the State of the registered of liability company is of the limited liability the limited liability.	- '
Siona	ture of a member or authorized represe	ntative of a member	Jill Cilmi, A	Authorized Person Printed or typed name of signee
l here provisi he obl o mer	hy accent the appointment as re	aistered agent and .	agree to act in this ele performance oj ided for in Chapte , I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and acce r 605, F.S. Or, if this document is being filed that the limited liability company has been

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