Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

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REGISTERED AGENT CHANGE

RESORTQUEST NORTHWEST FLORIDA, LLC

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Electronic Filing Menu

Corporate Filing Menu

HEXAMINER

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

Pursuant to the provisions of sections 608,416 or 608,508, 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.

l. Ne	ame of the limited	d liability company:	ResortQuest Non	thwest Florida, LL	C		
	2. (a) Principal office address of limited liability company: 546 MARY ESTHER CUTOFF, STE 3 (Note: MUST BE STREET ADDRESS) FORT WALTON BEACH FL, 32548						0
(b)	Mailing addres	s of limited liability (BE POST OFFICE)	company: BOX)				
12/20/	2002_		_	L02000034505			
3. Da	te of filing/regist	ration in Florida	_	4. Document nur	mber		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Age	ent:	*	CORPORATION S	SERVICE COMPA	ANY	
	Registered Offi	ce Address:		1201 HAYS STREET TALLAHASSEE FL 3	2301-2525 US		t i 8
(b)	Enter name of I	YEW Registered Ag	ent and/or <u>NEW</u>	Registered Of	fice address.		
NEW Registered Agent: C T Corporation System							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		DDRESS)	1200 South Pine Island Road				
		<u> </u>	Plantation		n,F1. 33324		
that at office hereby liabilit limited	for the change or of the registered confirmed that i y company or as I liability compan	company is not organ changes are made, the agent will be identicated the change(s) was/we otherwise provided in ny.	the Florida street al. Or, in the case authorized by in the articles of	address of the re se of a Plorida li the affirmative s	gistered office mited liability (yote of the men	and the busine company, it is there of the lin	ess nited
Tim Lie (Printed	int or typed name of sign	cc)					
I here comply um fan F.S. O confirm By:	by accept the app with the provisi giliar with and ac r, if this docume in that the limited	pointment as register ons of all statules rec ecept the obligations nt is being filed to me liability company ho Corpyation System	ed agent and ag lative to the prop of my position a erely reflect a ch is been notified t	ree to act in this per and complete is registered age lange in the regi in writing of this	capucity. I fur e performance i nt as provided j stered office aa change.	ther agree to of my duties, w for in Chapter idress, I hereby	rd 1 808, v
(Signatu	re of Registered Agen	i)	- Charles - Charles			T SE	FILE FILE
		ivision of Corporati	ons, P.O. Box 6 FILING FEE:		e, FL 32314	L CR	甚 一
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