

LO3000001529

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REGISTERED AGENT CHANGE  
RESORTQUEST ORLANDO, LLC

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M. THOMAS

AUG - 4 2009

**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.*

1. Name of the limited liability company: RESORTQUEST ORLANDO, LLC

2. (a) Principal office address of limited liability company: 546 MARY ESTHER CUT-OFF NW  
 (Note: **MUST BE STREET ADDRESS**) SUITE 3  
FORT WALTON BEACH FL 32548

(b) Mailing address of limited liability company: 546 MARY ESTHER CUT-OFF NW  
 (Note: **MAY BE POST OFFICE BOX**) SUITE 3  
FORT WALTON BEACH FL 32548

1/14/2003  
 3. Date of filing/registration in Florida

L03000001529  
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 Registered Agent: CORPORATION SERVICE COMPANY  
 Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE FL 32301-2525 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** C T Corporation System  
**NEW Registered Office Address:** 1200 South Pine Island Road  
 (MUST BE FLORIDA STREET ADDRESS) Plantation

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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.

/s/ Jill Vandagriff  
 (Signature of a member or authorized representative of a member)

Jill Vandagriff, Authorized Person  
 (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 608, 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.*

By: Madonna Cuddihy  
 (Signature of Registered Agent) **Special Assistant Secretary**

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