

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

CMW

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-18107
Fax Number : (561)694-1639

Second Attempt!

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLDWELL BANKER RESIDENTIAL REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

RECEIVED

2017 JUL 13 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2017 JUL 13 P 12:01

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BRUCE
JUL 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coldwell Banker Residential Real Estate LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie J. Khoshtinat
Name of Person

Realogy Group LLC
Firm/Company

175 Park Ave.
Address

Madison, NJ 07940
City/State and Zip Code

valerie.khoshtinat@realogy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie J. Khoshtinat at (973) 407-3404
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: Coldwell Banker Residential Real Estate LLC
- 2. The Florida document number of this limited liability company is: M07000004988
- 3. Jurisdiction of its organization: California
- 4. Date authorized to do business in Florida: 8/15/2007

SECTION II (5-9 complete only the applicable changes)

- 5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC."

- 6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City: _____ Zip Code _____

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 Changing Registered Agent, Signature of New Registered Agent

- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

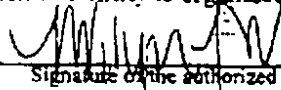
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
See revised list of Managers and Officers attached.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>New Title:</u> VP/FO - Cincinnati Region	<u>Glen Wilson</u>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>New Title:</u> President - Chicago	<u>David Williams</u>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>New Title:</u> Chairman/MGR	<u>Bruce G Zopf</u>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>A/S</u>	<u>Brock Doyle</u>	<u>4009 Manatee Ave., West Bradenton, FL 34205</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>A/S</u>	<u>Joanna Sherman</u>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>EVP-COLORADO</u>	<u>Chris Mygatt</u>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>New Title:</u> MGR/President, Broker of Record (Georgia)	<u>Charlotte Sears</u>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
afore-mentioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Marilyn J. Wasser, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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850-617-6381

7/7/2017 11:25:57 AM PAGE 1/001 Fax Server



July 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COLDWELL BANKER RESIDENTIAL REAL ESTATE LLC
1 CAMBUS DRIVE
PARIS SPANY, NC 07054

SUBJECT: COLDWELL BANKER RESIDENTIAL REAL ESTATE LLC
REF: 107000004988

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please state just who you are removing and adding.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 240-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000176457
Letter Number: 217A00013751

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