Florida Department of State
Division of Corporations
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To:

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

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COLDWELL BANKER RESIDENTIAL REAL ESTATE LLC

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JAN 10 2018

J. LEGGETT
JAN 11 2018

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

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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, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

<u>Name of New Registered Agent:</u> ______________________

<u>New Registered Office Address:</u> ______________________
Enter Florida Street Address

______________________, **Florida** __________
City *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>
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, <u>Signature of New Registered Agent</u>

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

____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
AS	Christine Maccarone	5810 Coral Ridge Drive, Ste 100 Coral Springs, FL 33076	☐ Add ☒ Remove
AS	Jeffrey Jones	4851 Tamiami Trail N., Suite 100 Naples, FL 34103	☐ Add ☒ Remove
AS	Sharon Gould	8181 S. Tamiami Trail Suite B Sarasota, FL 34231	☒ Add ☐ Remove
AS	Becky Lee Jaarda	24031 S. Tamiami Trail Suite 101 Bonita Springs, FL 34134	☒ Add ☐ Remove
AS	Diane Vervaet	362 N. Congress Boyton Beach, FL 33426	☒ Add ☐ Remove
C/MGR	M. Ryan Gorman	175 Park Ave Madison, NJ 07940	☒ Add ☐ Remove
Senior VP	M. Ryan Gorman	175 Park Ave Madison, NJ 07940	☐ Add ☒ Remove
SVP/CFO	Kevin R. Greene	175 Park Ave Madison, NJ 07940	☐ Add ☒ Remove
AS	Joseph Santini	1 South Ocean Blvd. Suite 2 Boca Raton, FL 33432	☒ Add ☐ Remove

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
AS	Jeffrey Piipponen	Address Changed to: 4851 Tamiami Trail N., Suite 100 Naples, FL 34103	☒ Change ☐ Remove
P/CEO/MGR/C	Bruce G. Zipf	175 Park Ave. Madison, NJ 07940	☐ Add ☒ Remove
Mgr /EVP /Broker of Record	Charlotte Sears	6285 Barfield Road NE Suite 100 Atlanta, GA 30328-4322	☐ Add ☒ Remove
Mgr/ President and Broker of Record (Georgia)	Laura Rittenberg	6285 Barfield Road NE Suite 100 Atlanta, GA 30328-4322	☒ Add ☐ Remove
			☐ Add ☐ Remove

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

[signature]

Signature of the authorized representative

Marilyn J. Wasser, Manager

Typed or printed name of signee

Filing Fee: $25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA