

NO 7 000004 988

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

2020 NOV -3 AM 8:00
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STATE
CORPORATIONS

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2020 NOV -3 AM 10:24

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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

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:
(Mailing address)
MAY BE A POST OFFICE BOX

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 officer 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

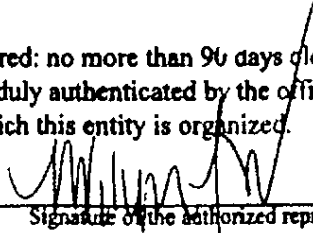
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2020 NOV 13 AM 8:00
STATE OF FLORIDA
TALLAHASSEE

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AS	Volkart, Diane		<input type="checkbox"/> Add
		1973 SW Savage Blvd, Port St Lucie, FL 34957	<input checked="" type="checkbox"/> Remove
AS	Rotsztain, Patricia	1682 Jefferson Ave, Ste 103 Miami Beach, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AS	Hehner, George	1973 SW Savage Blvd, Port St Lucie, FL 34957	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

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 of the authorized representative

Marilyn J. Wasser, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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11/03/2020

Division of Corporations

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

From: Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : T20030000037
Phone : (561)835-8500
Fax Number : (561)650-8530

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

Email Address: sharris@shutts.com

2020 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC REGISTERED AGENT CHANGE
AGAWAM HOLDINGS, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

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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.

1. Name of the limited liability company: AGAWAM HOLDINGS, LLC
2. (a) 6665 N. Ocean Boulevard
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Unit C-2
Ocean Ridge, FL 33435
May 27, 2008
(b) 1133 Avenue of the Americas
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 2200
New York, NY 10036
LO5000052129

3. Date of filing/registration in Florida
4. Document number
Alley Muass Rogers & Lindsay, P.A.

5. (u) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
340 Royal Poinciana Way, Suite 321
Palm Beach, FL 33480

(b) CORPORATION SERVICE COMPANY
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.

Mary Buckner Shea, as Trustee
Signature of a member or authorized representative of a member
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 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.

Windy Fay
Signature of Registered Agent