

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 : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
DOUGLAS ELLIMAN GLOBAL, LLC**

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

2016 AUG 22 PM 12:14

ALLAHASSEE, FLORIDA

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ALLAHASSEE, FLORIDA

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUGLAS ELLIMAN GLOBAL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth I. Haber
Name of Person

Douglas Elliman
Firm/Company

575 Madison Ave - 4th Fl
Address

New York NY 10022
City/State and Zip Code

KHABER@ELLMAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth I. Haber at 212 350 2291
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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: DOUGLAS ELLIMAN GLOBAL, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
575 MADISON AVENUE
NEW YORK, NY 10022
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
575 MADISON AVENUE
NEW YORK, NY 10022
3. 03/02/2015 Date of filing/registration in Florida
4. M15000001622 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED CORPORATE SERVICES, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
9200 SOUTH DADELAND BLVD, SUITE 508
Miami FL 33156

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation FL 33324

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 shall be identical. 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.

[Signature]
Signature of a member or authorized representative of a member

Herbert I. Haber
Printed or typed name of signer

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 effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By C T Corporation System Katie Wonsch, Asst. Sec.
Signature of Registered Agent

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

INHS18 (2/1)

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