## 474857

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #1
(5.1	,, <u></u>	<b>,</b>
PICK-UP	WAIT	MAIL
(D.)	siness Entity Nar	no)
(Du	Siness Entity war	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	
:		
	_:	

Office Use Only



800286853628

06/17/16--01018--012 \*\*35.00

Wiston of Confedentials

C MCMMILY NN 5 4 5010



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: June 15, 2016

Order#: 136648/010

Re: COLLIERS INTERNATIONAL NORTHEAST FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporation organi	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida ered agent, or both, in the State of Florida.	<del></del>
1. The name of the	ne corporation: Colliers Internation	nal Northeast Florida, Inc.	
2. The principal	office address: 50 N. Laura Street,	t, Suite 1725, Jacksonville, Florida,	32202
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 04/25/1975	Document number: 474857	
5. The name and		agent and registered office on file with the ed)	
	Robert W. Selton, III		
	50 N. Laura Street, Suite 1725, c	Jacksonville, Florida, 32202	SECULOR CONTROL 27
6. The name and (if changed):	street address of the new registered agen	nt (if changed) and /or registered office	工工
	Corporation Service Compan	ıy	9; %.
	1201 Hays Street, Tallahassee,		
The street addre	ss of its registered office and the street a be identical.	address of the business office of its registered	agent,
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been not	d by its board of directors or by an officer so- otified in writing of the change.	
$\mathcal{V}$	h # B	Robert W. Selton, III	<del></del>
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	my duties, and I am familiar with and a	Printed or typed name and title and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as register lect a change in the registered office address, in writing of this change.	red I
<del>- 1</del>	nature of Registered Agent	- 06/15/2016 - ***	
-	half of an entity:	Daw	<u> </u>
	by, Asst. Vice President—		en une

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12) —

\* \* \* FILING-FEE: \$35.00