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FEB - 4 2010

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE: 268849

7593464

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 29, 2010

ORDER TIME : 3:15 PM

ORDER NO. : 268849-042

CUSTOMER NO: 7593464

CHANGE OF AGENT

NAME:

RESORTQUEST SOUTHWEST FLORIDA,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	RESORTQUEST SOUTHWEST FLORIDA, LLE
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD	ability company:
(b) Mailing address of limited liability (Note: MAYBE POST OFFICE)	ompany:
06/22/2001	M01000001420
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered O	fice shown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Registered As	ent and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS) Tallahassee ,FL 32301
that after the change or changes are made, to	ized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the member)
Blanca Lozada, Authorized Person (Printed or typed name of signee)	
	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change. Asst. V. P.

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