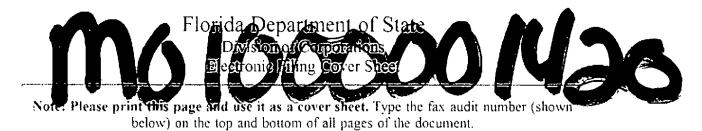
Division of Corporations



(((H190003561903)))



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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. N	ame of the limited liability company:  RESORTQUEST	SOCH1	134 E 5 1 E	LOKIDA,				
							iability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)						iability company: OFFICE BOX)	
	850 NW 13th Ave.		850 N	W 13th Av	re.			
	Portland, OR 97209	_	Portland, OR 97209					
	06/22/2001		M0100	0001420				
3.	Date of filing/registration in Florida	4.		Docu	ıment nur	nber		
5. (a)	CORPORATE CREATIONS NETWORK, INC.							
<i>⊍.</i> (d)	Registered Agent and Registered Office shown on the records of	he Florio	la Dept. ol	State:				
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES	<u>'S)</u>					
	11380 PROSPERITY FARMS ROAD #221E							
	PALM BEACH GARDENS, FL	33410						
(h)	C T Corporation System				E S	. 28		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				CRCTAR	. 2019 DEC 1		
	NEW Registered Office Address:				100 100 100	0	m	
	1200 South Pine Island Road				OF STATE CE. FLORIO	<b>▷</b> 표	C	
	Plantation, FL	33324			RAS A	ω 8		
the chi agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of love anization or the operating agreement of the	the reg bility of the li limited	istered of ompany nited liability	office and , it is here bility con company	the busing by confirmation of a confirmation of	ess offi med the	ce of the registere it the change(s)	
· e:	ature of a member or authorized representative of a member	Jer	miter Kui	z, Manage	ed or typed	nume of	ciman	
I here provis the ob to mer notifie By: /	and in a member of authorite representative of a member of authorite representative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I fed in writing of this change.  Alfred Younan  Assistant Secretary	perfori d for in iereby	et in this mance of Chapte confirm	canacity	1 further	r noree	to comply with the	