

Division of Corporations

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MD 700005096

Florida Department of State
Division of Corporations
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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)694-1639

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

Email Address: _____

LLC AMND/RESTATE/CORRECT, OR M/MG RESIGN
NRT COMMERCIAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JUL 27 2017

7/26/17, 1:54 PM

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: NRT Commercial LLC
2. The Florida document number of this limited liability company is: MO7000005096
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 8/20/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office 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

City

Florida

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:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

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ALABAMA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Change Address</u>	<u>Type of Action</u>
<u>A/S</u>	<u>Carr, Michael J. Jr.</u>	<u>4851 Tamiami Trail N., Suite 100</u> <u>Naples, FL 34103</u>	☐ Add

<u>A/S</u>	<u>Hunter, David Michael</u>	<u>Change Address :</u> <u>400 Park Ave., S., Ste 210</u> <u>Winter Park, FL 32789</u>	☐ Remove ☐ Add
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<u>A/S</u>	<u>Duane Maret, Karl</u>	<u>Change Address :</u> <u>500 N. Westshore Blvd., Ste 850</u> <u>Tampa, FL 33609</u>	☐ Remove ☐ Add
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<u>A/S</u>	<u>Robinson, Janet</u>	<u>Change Address :</u> <u>100 N. Tamiami Trail</u> <u>Sarasota, FL 34236</u>	☐ Remove ☐ Add
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<u>VP, Finance</u>	<u>MCBride, Troy B</u>	<u>Change Title :</u> <u>Regional Chief Financial</u> <u>Officer - East</u>	☐ Add ☐ Remove
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<u>MGR</u>	<u>Toole, Clark W, III</u>	<u>Change Title :</u> <u>MGR, AS, Broker of Record -</u> <u>Florida</u>	☐ Add ☐ Remove
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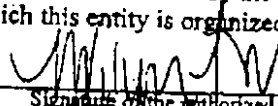
<u>Regional Chief</u> <u>Financial officer - West</u>	<u>Kevin E. Kay</u>	<u>1855 Gateway Blvd., Suite 750</u> <u>Concord, CA 94520</u>	☐ Add ☐ Remove
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<u>Regional Executive</u> <u>Vice President - West</u>	<u>Greg Scott Macres</u>	<u>1855 Gateway Blvd., Suite 750</u> <u>Concord, CA 94520</u>	☐ Add ☐ Remove
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
See revised list of Managers and Officers attached.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Regional, Executive Vice President - East	Kate Rossi	175 Park Ave Madison, NJ 07940	☒ Add
			☐ Remove
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 signer

Filing Fee: \$25.00

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 TALLAHASSEE, FLORIDA

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