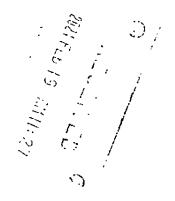
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(Re	questor's Name)						
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PICK-UP	WAIT	MAIL					
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Office Use Only



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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.	Na	me of the limited liability company: NRT COMMER	CIAL LLO	C		
2.	(a)		(l	b)		
	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		175 PARK AVENUE			175 PARK	CAVENUE
		MADISON, NJ 07940	_		MADISON	I, NJ 07940
		08/20/2007		ľ	M0700000	5096
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)					
۶.	(a)	Registered Agent and Registered Office shown on the records of	the Florida	a l	Dept. of State	:
		CORPORATE CREATIONS NETWORK INC.				
		Registered Office Address (MUST BE FLORIDA STREET.	4DDRESS	<u>S)</u>	·	
		801 US HIGHWAY 1				
		NORTH PALM BEACH	33408			
		, FL				
	/1 N					
	(b) .	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	ess:	-
			_			
		Corporation Service Company				
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee . FL	32301			
cha age was	nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the	registere bility co f the lim	ed om nit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Xie & Clenie	JILL	_ (CILMI, AUT	THORIZED PERSON
S	ignan	ure of a thember or authorized representative of a member				Printed or typed name of signee
I h pro the to i not	ereb visio obli nere ified	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performe I for in C vereby co	ir an Ch On	this capa ce of my d apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
		e of Registered Agent	GRACE	E	E KIRBY.	ASST. VICE PRESIDENT