## M1200000235

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2024 DEC 12 AM 9: 19
TAIT AHASSEE, FLORIDA

2024 DEC 12

2 PH 3:21

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000	0195	
REFERENCE	:	815624	8453481	
AUTHORIZATION	ı :			
COST LIMIT	:	\$ 25.00		
ORDER DATE : December 6, 202	!4	<b></b>		
ORDER TIME : 1:36 PM				1824 S
ORDER NO. : 815624-021			a de la companya de l	المنطقة المنطقة
CUSTOMER NO: 8453481				
CHANGE OF  NAME: RE/MAX, LLC	AGEN	<u> </u>		<del>-</del>
PLEASE RETURN THE FOLLOWING A  CERTIFIED COPY  XX PLAIN STAMPED COPY	S PR	OOF OF FI	LING:	
CONTACT PERSON: Amanda Mille		NER'S INI	TIALS:	

## 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. 1	Name of the limited liability company: RE/MAX, LLC	>		
2. (a	5075 S SVRACHSE ST		075 S SYRACUSE ST	
z. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DENVER, CO 80237		ENVER, CO 80237	
	01/12/2012	 M	12000000235	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a	ı)			
J. (c	Registered Agent and Registered Office shown on the records C T CORPORATION SYSTEM	of the Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREE			
	1200 SOUTH PINE ISLAND ROAD		<b>20:</b>	
	PLANTATION	Fl	PILED  1024 DEC 12 AM 9: 19  TALLAHASSEE, FLORIDA	
(b	)		TILE ANTASSEE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		E.F.	
	Corporation Service Company		ORIO ORIO	
	NEW Registered Office Address:	P		
	1201 Hays Street			
	Tallahassee	FL_32301		
chang agent was/v	limited liability company is not organized under the lige or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	he registered of liability comp s of the limite	office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
/S/ SUSIE WINDERS SU			SUSIE WINDERS, AUTHORIZED PERSON	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the o. to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provic rely reflect a change in the registered office address, ed in writing of this change.	igree to act in te performanc ded for in Cha I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605. F.S. Or, if this document is being filed rm that the limited liability company has been	

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

GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent