## M13000005148

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Orly/Otate/21p/ Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Submoss Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Consist leady original to Filling Officer						
Special Instructions to Filing Officer:						
Imils						





600423175316

## 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: HFS.COM REA	L ESTA	TE	E LLC 	
2.	(a)		(	(b)	)	
	(**)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	. • ,	Mail	ing address of limited liability company:  lote: MAY BE POST OFFICE BOX
		175 PARK AVENUE			175 PARK A	VENUE
		MADISON, NJ 07940	_		MADISON, N	IJ 07940
		08/15/2013		١	M1300000514	8
3.		Date of filing/registration in Florida	4.	_	Do	cument number
5.	(a)					
	,	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK, INC.	the Florid	ia l	Dept. of State:	
		· · · · · · · · · · · · · · · · · · ·	400000	201		
		Registered Office Address (MUST BE FLORIDA STREET) 801 US HIGHWAY 1	<u>ADDRES</u>	<u>137</u>		
		NORTH PALM BEACH FI	33408	3	_	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	addre	lress:	
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL	32301			
cha age wa:	inge ent w s/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register ability co of the lin limited	rec on nit lia	d office and th npany, it is he ted liability co ability compar	e business office of the registered reby confirmed that the change(s) impany or as otherwise provided in
<u>S</u>	ignat	ure of a thember or authorized representative of a member			Pri	nted or typed name of signee
I h pro the to r not	ereb visio obli nere ifiea	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have this obtained.	ee to ac perform I for in v iereby c	et i. 1ar CI von	in this capacity nce of my dutic hapter 605, F., nfirm that the i	y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
Sie	natur	To of Registered Agent	GRACI	E E	E. KIRBY, AS	SST. VICE PRESIDENT