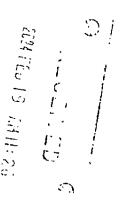
M2200015256

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
IMMIL						
Office Use Only						



100423978841



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.

L N	ame of the limited liability company: NRT MID-ATLA	NTIC L	LC	 _		
2. (a)		((b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	175 PARK AVE			175 PARK	· · · · · · · · · · · · · · · · · · ·	
	MADISON, NJ 07940			MADISON	I, NJ 07940	
	10/03/2022		ľ	M22000015	5256	
3.	Date of filing/registration in Florida	4.	-		Document number	
5. (a)						
., (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CORPORATE CREATIONS NETWORK INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 801 US HIGHWAY 1				:	
	NORTH PALM BEACH FL33408					
(b)						
(4)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee . FI	32301				
change agent v was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability c of the lin	rec con mit	l office and apany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
NOW (. WEARE				CILMI, AUT	THORIZED PERSON	
_	nture of a thember or authorized representative of a member				Printed or typed name of signee	
I here provis, the obi to mer notifie	by accept the appointment as registered agent and aggions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ree to ac perforn d for in hereby c	A i nar CI 201	n this capa ice of my d iapter 605, ifirm 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	
Signature of Registered Agent GRACE E. KIRE				E. KIRBY,	ASST. VICE PRESIDENT	