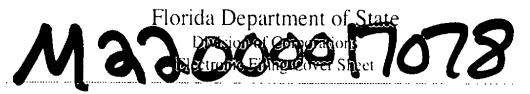
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Equestrian Sotheby's International Re	alty LLC		
00000011	Name of Foreign	Limited Liab	ility Com	pany
Dear Sir or N	fadam:			
The enclosed	application, certificate and fee(s)	are submitted f	or filing.	
Please return	all correspondence concerning this	s matter to the	following	
Valerie Khosh	inat			
	Name of Person		-	
Anywhere Rea	Estate Inc.			
	Firm/Company		-	
175 Park Ave.				
	Address		<u>-</u>	
Madison, NJ (	7940			
	City/State and Zip Code		•	
valerie.khoshti	nat			
E-mail add	lress: (to be used for future annual	report notificat	tion)	
For further in	formation concerning this matter,	please call:		
Valerie Khosh	inat	732	757-8234	4
	Name of Person	Area Code	& Daytin	ne Telephone Number
Regi Divis P.O.	ng Address:  Stration Section  tion of Corporations  Box 6327  hassee, FL 32314		Division The Cent 2415 N.	ion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303
Encl □\$25 Filing	Fee S30 Filing Fee & Certificate of Status	amount:  S55 Filing Centified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (9/15)				, ,

## 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 appear	s on the records of the Florida Department of
State: Equestrian Sotheby's International Realty	LLC
Enter new principal office address, if applicable:	12180 S Shore Blvd, Suite 102
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Wellington, FL 33414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 AM 8:56 EY OF STATE ASSEE. F
2. The Florida document number of this limited lia	ability company is: M22000017078
Jurisdiction of its organization:  Delaware	
4. Date authorized to do business in Florida: 11/0	9/2022
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (must	t contain "Limited Liability Company," "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office agent agent and/or the new registered office agent ag	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
<del></del>	
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

Title/ Capacity	<u>Name</u>	Address	Type of Action
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aforementic		e than 90 days old, evidencing the icated by the official having custody of records it y is organized.	□Remo

Filing Fee: \$25.00