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DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section **Division of Corporations**

CHRISTIE'S INTERNATIONAL REAL ESTATE, INC.

P07000090056

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karina Pulskamp

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd. Ste 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karina Pulskamp

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statinge is submitted for a corporation organized under the laws of the State of Flore to change its registered office or registered agent, or both, in the State of Flore	ida Delav	vare
1. The name of the	he corporation: CHRISTIE'S INTERNATIONAL REAL ESTATI	E, INC.	
2. The principal	office address: 313 1/2 WORTH AVENUE STE 3B PALM BEAC	H FL 334	80 US
3. The mailing a	ddress (if different): 20 ROCKEFELLER PLAZA NEW YORK N	Y 10020	US
	poration/qualification: 8/9/2007 Document number: P070000	190056	··
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION FL 33324 US		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	12	
	Registered Agent Solutions, Inc.	23	22
155 Office Plaza Dr. Suite A Tallahassee, FL 32301			유지
	P.O. Box NOT acceptable]E3	250
		رة ك	SIA RAII
The street addre as changed will	ss of its registered office and the street address of the business office of its rebe identical.	gistered age	nt∰‴
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so	
Ma	Laura Lewis, SVP Printed or typed name and title		_
_	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comple my duties, and I am familiar with and accept the obligation of my position as s document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change.	ete Fregistered Iddress, I	
Sign	fature of Registered Agent Date		-
If signing on bel	half of an entity:		
	Asst. Secretary		
1,	* * * FILING FEE: \$35.00 * * *		