

P95000046840

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE,
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
 In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MID-FLORIDA MULTIPLE LISTING SERVICE, INC.
2. The principal office address: 555 Winderley Place 320, Maitland, FL 32751
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/13/1995 Document number: P95000046840
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Roetzel & Andress420 S. Orange Avenue, 7th FloorOrlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary M. Berkson301 E. Pine Street, Suite 1400

P.O. Box NOT acceptable

Orlando, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Muriel Cowen
 Signature of an officer or director

Muriel Cowen CEO/Corporate Secretary
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

7/21/2016
 Date

If signing on behalf of an entity:

Gary M. Berkson

Typed or Printed Name

*** BILLING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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