

L11000137896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

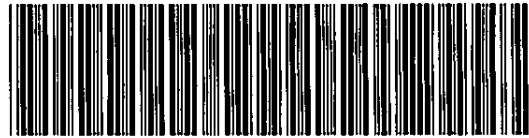
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO GATEWAY HOSPITALITY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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SECRETARY OF STATE
TALLHASSEE FLORIDA

Kenisha Cromity

Name of Person

The Private Client Law Group

Firm/Company

75 14th Street, Suite 2200

Address

Atlanta, Georgia 30309

City/State and Zip Code

cthakkar@dctsystems.net

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

For further information concerning this matter, please call:

Kenisha Cromity at (404) 974-3487
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: ORLANDO GATEWAY HOSPITALITY, LLC

2. (a) 17885 COLLINS AVENUE (b) 5875 PEACHTREE INDL BLVD
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

UNIT 4001 Suite 340
SUNNY ISLES BEACH, FL 33160 NORCROSS, GA 30092

03/21/2012 L11000137896
 3. Date of filing/registration in Florida 4. Document number

5. (a) CHITTRANJAN K. THAKKAR
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17885 COLLINS AVENUE
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
UNIT 4001
SUNNY ISLES BEACH, FL 33160

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 TALLAHASSEE FLORIDA

(b) C T Corporation System
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1200 South Pine Island Road
NEW Registered Office Address:
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Bryan P. Galat, Attorney-in-fact
 Signature of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System
 By:  Michael Seraphin Asst. Secretary
 Signature of Registered Agent