M04000005447

(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	3/28/2018	Account#: 120000000088
Name:	Chris Vick	_
Reference #:_	C021704	
Entity Name:	SOUTHERN HOSPIT	ALITY ASSOCIATES, L.L.C.
Articles of	Incorporation/Author	ization to Transact Business
Amendme	nt	
✓ Change of	Agent	
Reinstaten	nent	
Conversion	n	
Merger		
Dissolution	n/Withdrawal	
Fictitous N	ame	
Other		
	,	

CORPORATE HQ COGENCY GLOBALING. 10 E 40 ST 10 1FL NY, NY 10016 800.221.0102 -1.212.947.7200

Authorized Amount:

Signature:

EUROPEAN HO

COGENCY GEOBAL (UK) LIMITED FEGISTRED IN FIGURIO SIWALES REGISTRY 1-000 TO 6 BEMIS MARKS, 19 FT LONDON EC3A 78A +44 (0)20.3786.1090

ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG NONG LIMITED COMPANY INFINITUS PLAZA, 12 TEL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: SOUTHE	RN HOSPITALITY ASS	OCIATES, L.L.C.
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 1765 MERRIMAN ROAD	
(NO.C. MOST BESTREET TIDERESS)	AKRON, OH 44313	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1765 MERRIMAN ROAD	·
(Mole: MATE BET OUT OF THEE BOX)	AKRON, OH 44313	
December 10, 2004	M0400005447	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	CT Corporation Syst	tem
Registered Office Address:	1200 South Pine Island Roa	
	Plantation, FL 33324	35 35 TO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office add	<u>දිද</u> ි ග ්
NEW Registered Agent:	COGENCY GLOBAL I	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St.	, Suger 4
MUST BE PLONIDA STREET ADDRESS	Tallahassee	,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company /s/ Alan Sponseller	e Florida street address of th lentical. Or, in the case of a e(s) was/were authorized by	ne registered office Florida limited an affirmative vote of
Signature of a member or authorized representative of a member		
Alan Sponseller		
Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capaci proper and complete perfor position as registered agen merely reflect a change in to pany has been notified in wr	ity. I further agree to mance of my duties, I as provided for in he registered office iting of this change.
Aca tom		

Signature of Registered Agent Sean Honan , Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00