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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SEWERATOR STATE

K. SALY EXAMINER

OCT - 8 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 3, 2013

Order#: 823841-114

Re: G6 HOSPITALITY PROPERTY LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: G6 HOSPIT	ALITY PROPERTY LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 4001 International Parkway Carrollton, TX 75007
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4001 International Parkway Carrollton, TX 75007
08/31/2012	M12000004937 4. Document number
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:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MOST BE LEURIDA STREET ADDRESS	Tallahassee ,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang the members of the limited liability company or as oth the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in the office a change in the registered office office apany has been notified in writing of this change.
By: Line Corporation Service Comparison Service Com	

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