M14000005769

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document (volume))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400366854164

M-1 6E 60001

85:11HF -4 NHT:28

RARCICHS

JON GA SOSI

I ALBRITTON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/04/2021	
Name:		_
	e #:1378999	<u></u> -
Entity Nar	me: RLJ DBT KEY	WEST LESSEE, LLC
☐ Art	icles of Incorporation/Authorization	n to Transact Business
_ An	nendment	
₽ Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
☐ Me	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize Signature	d Amount \$25.00	

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

(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: (b) _	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	No Change		lo Change	
	8/12/2014		M14000005769	
	Date of filing/registration in Florida	4.	Document number	
(a)	Corporate Creations Network Inc.			
• , ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	801 US HIGHWAY 1			
	Registered Office Address	EET ADDRESS)		
				
	NORTH PALM BEACH	. FL 33408		
(b)	COGENCY GLOBAL INC.			
(b)			<u></u>	
(b)	COGENCY GLOBAL INC.		<u></u>	
(b)	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		<u>v</u> :	

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00