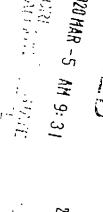
## M1900003235

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

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

Account#: I20000000088

Date:	03/05/2020						
Name:		_					
	e #:1194337	_					
Entity Na	me: CASTLEROCK HOSP	ITALITY EMPLOYEES LLC					
☐ Ari	ticles of Incorporation/Authorization	to Transact Business					
☐ An	nendment						
✓ Change of Agent							
∏ Re	einstatement						
Co	onversion						
	erger						
☐ Dissolution/Withdrawal							
☐ Fid	ctitious Name						
☐ Ot	her						
Authorize Signature	ed Amount: \$25.00	<u></u>					

F: 800.944.6607

P: +852.2682.9633

F: +852.2682.9790

## 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. Na	nne of the limited liability company: CASTLER	OCK HO	SPITALIT	Y EMPLOY	EES LLC	)	
2. (a)		(b)	ı				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change April 1, 2019		No Cha	nange			
				M1900003235			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	CT Corporation System						
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Stat	– e:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	ଦୁର	35	
					AG	201	
	Plantation I	FL_33324		-		2020 HAR -5	 i
(b)	COGENCY GLOBAL INC.				7.1 17		1 ( ) 2 ( )
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	رن ۱۳۱ ۱	AM 9: 3	أسييا
	115 North Calhoun St., Suite 4				STATE	<u>ω</u>	
	NEW Registered Office Address:			<del>-</del>			
	T-llabasasa	22201		-			
	Tallahassee	<sub>FL</sub> 32301		<u>-</u>			
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the content of the conten	of the regis liability co s of the lim	tered offic mpany, it i ited liabilit	e and the busir s hereby confir y company or	ness office rmed that t	of the he cha	registered nge(s)
	ubert Worrell	Hube	rt Worre				
_	ture of a member or authorized representative of a member			Printed or typed			
provis. the ob- to mer	by accept the appointment as registered agent and a link of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	igree to act ite perform ded for in C I hereby co	in this cap ince of my hapter 602 ufirm that	acity. I furthe duties, and I a 5, F.S. Or, if th the limited liad	r agree to on familiar his docume bility comp	comply with a ent is be eany he	with the nd accept eing filed is been
Signati	re of Registered Agent						

Tim Mayville, Assistant Secretary
Division of Corporations 

◆ P.O. Box 6327 

◆ Tallahassee, FL 32314

FILING FEE: \$25.00