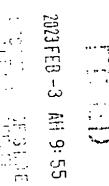
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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	_		Acc#I2016000007	2 4: C)W
Name:	HITS	Hospita	ality, LLC	
Document #:				
Order #:	1475	7589		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:			Country of Destination Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	A	mount: \$	55.00	

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability computations the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	Same of the limited liability company: HITS Hospitalit	ıy, LLC	
2. (a))	(b)	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	151 Stockade Dr	151 Sto	ckade Dr
	Kingston, NY 12401	n, NY 12401	
	12/14/2022	M220000	018674
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of S	tate:
	Nick Ezzo		
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	5276 Northwest 20th Place		
	Ocala F	rL 34482	2023 =
(b)			— :
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	
	C T Corporation System		المسه ع
	NEW Registered Office Address:		
	1200 Pine Island Road		
	Plantation F	1, 33324	
		1,1188	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered office a iability company, it of the limited liabi	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
-	TT 41-7	Todd Henry	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	Pby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I do writing of this change.	e performance of m ed for in Chapter 66 hereby confirm tha	spacity. I further agree to comply with the v duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
	orporation System Denise Bell Asst Secretary Orn	ia: Bell	

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