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| (Requestor's Name) | | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| 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 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | Account#. 120000000088 |
|--|------------------------|
| Name:Chris Vick | |
| Reference #: | |
| Entity Name: CEDARWOOD HOTEL MANAGEMENT, INC SAND KE | EY |
| Articles of Incorporation/Authorization to Transact Busine | ess |
| Amendment | |
| ✓ Change of Agent | |
| Reinstatement | |
| Conversion | |
| ☐ Merger | |
| ☐ Dissolution/Withdrawal | |
| ☐ Fictitous Name | |
| Other | |

Authorized Amount: Signature:

⊕ CORPORATE HQ

COGENCY GLOBAL INC. 10 E 40" ST, 10 "FL NY, NY 10016 800.221.0102 -1.212.947.7200

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COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENCLAND & WALES, REGISTERY 480107/2 6 BEVIS MARKS, 151 FL LONDON EC3A 78A +44 (0)20.3786.1090

@ ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY INFINITUS PLAZA, 1214 FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz r to change its registered office or register | zed under the laws of the Sta | nte of Ohi | |
|--|---|--|---|----------------|
| 1. The name of t | the corporation: CEDARWOOD HO | OTEL MANAGEMEN | IT, INC S | AND KEY |
| 2. The principal | office address: | | _ | |
| 1765 | MERRIMAN ROAD | AKRON | ОН | 44313 |
| 3. The mailing a | ddress (if different): | | | |
| 176 | | AKRON | OH_ | 44313 |
| 4. Date of incorporation/qualification: October 11, 1989 Document | | Document number: | P26443 | |
| 5. The name and | I street address of the current registered ag tment of State: (If resigned, enter resigned | ent and registered office on | | |
| | CT Corporatio | n System | | |
| | 1200 South Pine | Island Road | | |
| | Plantation, FI | L 33324 | 艺 名 瑟 | |
| 6. The name and (if changed): | I street address of the new registered agent | | WASSET | |
| | 115 North Calhoun St., P.O. Box NOTE Tallahassee, FL 3230 | Suite 4 | A D I I | Ü |
| The street address changed will | ess of its registered office and the street a be identical. | ddress of the business offic | e of its register | ed agent, |
| | as authorized by resolution duly adopted he board, or the corporation has been not | | | |
| /s/ Alan Sp | ponseller | Alan Sponseller, Ass | | retary |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to reflet that the corporation has been notified in grature of Registered Agent | Printed or typed name of the proper and the proper and the proper and the proper and the cept the obligation of my place to change in the registere of writing of this change. Date | ly. ad complete osition as regis d office addres | stered s, I |

If signing on behalf of an entity:

Sean Honan , Assistant Secretary Typed or Printed Name

* * * FILING FEE: \$35.00 * * *