

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SunStream and design of a circle containing a stylized "S"

(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Flowers Crews

(Name of Person)

SunStream Hotels & Resorts, LLC

(Firm/Company)

6620 Estero Boulevard

(Address)

Fort Myers Beach, FL 33931

(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Flowers Crews 239 765-4111
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

SunStream Hotels & Resorts, LLC
6620 Estero Boulevard, Fort Myers Beach, FL 33931

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

1) Mark Registered: SunStream and design of a circle
containing a stylized "S"

2) Registration Number: T16000000083

3) Date Filed: 02/02/2016 4.) Renewal Date: 02/02/2021 5.) Class(es) Filed: 35, 37, 43

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use within the State of Florida.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: FL

Fee: \$87.50 Per Class
Certificate of Renewal: \$8.75
(Optional)

David A. Lawrence

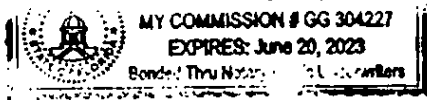
Typed or Printed Name of Owner

[Handwritten Signature]

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [] online notarization, this (numeric date) this 23rd day of October, 2020, by (David A. Lawrence).



[Handwritten Signature: Anne T. Gannon]

Notary Public's Signature

Anne T. Gannon

Notary Public's Printed Name

FILED
2020 NOV 12 PM 5:48
TALLAHASSEE, FLORIDA

Personally Known [X] OR Produced Identification []

Type of Identification Produced: