

FO300000 3616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

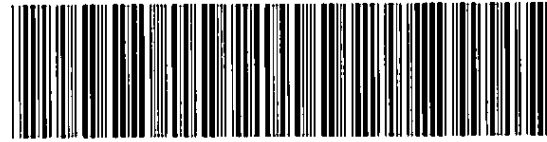
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800340765078

02/27/20--01021--026 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 FEB 27 PM 3:34

GM  
3/13/20



CSC - WILMINGTON  
• 251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 25, 2020

Order#: 184995-064

Re: HOLLIDAY GP CORP.

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Please return evidence to the following:

Attn: Meghan Groom  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HOLLIDAY GP CORP.
- 2. The principal office address: One Oxford Centre 301 Grant Street Suite 1100 Pittsburgh, PA 15219
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 07/21/2003 Document number: F03000003616
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301  
P.O. Box NOT acceptable

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2020 FEB 27 PM 3:34

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill E. Cilmi  
 Signature of an officer or director

Jill Cilmi, Vice President  
 Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company  
 By: Grace E. Kirby  
 Signature of Registered Agent

02/25/2020  
 Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President  
 Typed or Printed Name

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