# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: HOWARD WOLFSON

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 218831

Entity Name: HOSPITALITY OPERATIONS, INC.

# **Current Principal Place of Business:**

50 S.W. 12 STREET 6TH FLOOR MIAMI, FL 33130

# **Current Mailing Address:**

50 S.W. 12 STREET 6TH FLOOR MIAMI, FL 33130 US

## FEI Number: 59-0865186

## Name and Address of Current Registered Agent:

WOLFSON, HOWARD 50 S.W. 12 STREET 6TH FLOOR MIAMI, FL 33130 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: HOWARD WOLFSON			03/08/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SD	Title	P/D	
Name	WOLFSON, JESSIE F	Name	WOLFSON, HOWARD	
	2669 SOUTH BAYSHORE DRIVE, APT. 1603N	Address	50 S.W. 12 STREET, 6TH FLOO	R
		City-State-Zip:	: MIAMI FL 33130	
City-State-Zip:	MIAMI FL 33133			

## Certificate of Status Desired: No

PRESIDENT

03/08/2019

# FILED Mar 08, 2019 Secretary of State 1309948595CC

Date