MIAMI, FL 331	31			
	ling Address: LL AVE, SUITE 1100 33131 US			
FEI Number: 65-0826791			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SEVILLA, CHAR 999 SW 1 AVE APT. # 3117 MIAMI, FL 3313				
The above named	I entity submits this statement for the purpose of changing its regis	tered office or reais	torod agont or both in the State of Elevi	-1-
		tered office of regis	lered agent, or boun, in the State of Fion	da.
SIGNATURE	: CHARLOTTE SEVILLA R.	lered onlee of regis	<b>C</b>	<sup>da.</sup> 04/25/2016
SIGNATURE			<b>C</b>	
SIGNATURE	CHARLOTTE SEVILLA R. Electronic Signature of Registered Agent		<b>C</b>	04/25/2016
	CHARLOTTE SEVILLA R. Electronic Signature of Registered Agent	Title	<b>C</b>	04/25/2016
Officer/Dire	CHARLOTTE SEVILLA R.  Electronic Signature of Registered Agent  ctor Detail :			04/25/2016
<b>Officer/Dire</b> Title	CHARLOTTE SEVILLA R.  Electronic Signature of Registered Agent  Ctor Detail : D	Title	D	04/25/2016
Officer/Direc Title Name Address	CHARLOTTE SEVILLA R.     Electronic Signature of Registered Agent     Ctor Detail :     D     ARDID, INIGO	Title Name	D DIEGO, ARDID J 848 BRICKELL AVE., STE. 1100	04/25/2016

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.

SIGNATURI	E: DIEGO J	. ARDID
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2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107563

Entity Name: SAWGRASS HOTEL, INC.

## **Current Principal Place of Business:**

848 BRICKELL AVE, SUITE 1100

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 25, 2016 Secretary of State CC3151578971