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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS FALCONE

Electronic Signature of Signing Authorized Person(s) Detail

FALCONE, DANIEL Name Address 3001 PGA BLVD 305 City-State-Zip: PALM BEACH GARDENS FL 33410

MGR

Th S

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:	CORA DIFIORE			03/18/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	FALCONE, NICHOLAS	Name	FALCONE, DANIEL	

3001 PGA BLVD

PALM BEACH GARDENS FL 33410

305

Name and Address of Current Registered Agent:

Current Principal Place of Business: 3001 PGA BLVD 305 PALM BEACH GARDENS, FL 33410

600 BOCA RATON, FL 33486 US

FEI Number: 46-3740208

BOCA RATON, FL 33486 US

DIFIORE, CORA 1 TOWN CENTER ROAD

600

Address

City-State-Zip:

Current Mailing Address: 1 TOWN CENTER ROAD

Entity Name: NDM HOSPITALITY GROUP 1, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000131999

FILED Mar 18, 2016 Secretary of State CC4570640198

Certificate of Status Desired: No

03/18/2016 Date