| 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: JULIANN GIGI  | MGRM | 07/18/2017 |  |  |

Entity Name: SER 2 HOSPITALITY LLC

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

50 BISCAYNE BLVD #914 MIAMI, FL 33132

## **Current Mailing Address:**

**50 BISCAYNE BLVD** #914 MIAMI, FL 33132 US

## FEI Number: 47-4167656

## Name and Address of Current Registered Agent:

GIGI, JULIANN 19330 NW 18TH CT MIAMI GARDENS, FL 33056 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                     | : JULIANN N GIGI                         |                 |                        | 07/18/2017 |
|-------------------------------|--|-----------------|------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                        | Date       |
| Authorized Person(s) Detail : |  |                 |                        |            |
| Title                         | MGRM                                     | Title           | MGRM                   |            |
| Name                          | GIGI, JULIANN N                          | Name            | AARON, HYATT           |            |
| Address                       | 50 BISCAYNE BLVD #914                    | Address         | 19330 NW 18TH CT       |            |
| City-State-Zip:               | MIAMI FL 33132                           | City-State-Zip: | MIAMI GARDENS FL 33056 |            |

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date