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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ESQUIRE APTS, INC. Name of Corporation
DOCUMENT NUMBER: & 260051
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADAM T. STOUT Name of Contact Person ESQUIRE APTS, INC. Firm/Company
3525 POLK ST #11
Houyword, Florion, 3302) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: ADM T. Spul at (NIA ABOVE - Name of Contact Person at (Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ESQUIRE HOTS INC
2. The principal office address: 3525 Polk ST #11 Howwood Fla. 33021
3. The mailing address (if different): SAME —
4. Date of incorporation/qualification: 6/18/1962 Document number: Z6005/
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)
STATE REALTY FOR 5
5505 PEMBROICE ROAD_ PER B -
Houy word, fla. 33021
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ADAM STOUT
35 25 POUR ST#11
Howwood, Fla 33021
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.
Signature of an officer or director 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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