817932

(Requestor's Name)	
(Address)	40
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	l
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	!

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: December 18, 2017

Order#: 951103-230

Re: INTER-CONTINENTAL HOTELS CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	,	317.0502, 607.1508, or 617.1508, Flor n organized under the laws of the State	
•		r registered agent, or both, in the State	-
1. The name of	the corporation: INTER-CONTINE	ENTAL HOTELS CORPORATION	
	office address:ia Drive, Suite 100, Atlanta, GA	30346	
		ot., Three Ravinia Drive, Suite 100, Atl	anta, GA 30346
4. Date of incorp	poration/qualification: 05/19/196	4 Document number: 8179	932
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on fil resigned)	le with the
	C T Corporation System		 -
	1200 South Pine Island road		20
	Plantation	FL 33324	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered	
	Corporation Service Company		
	1201 Hays Street		
	P.O Tallahassee	Box NOT acceptable FL 32301	
as changed will	be identical.	street address of the business office of	Ů
Such change wa authorized by th	~ ~	adopted by its board of directors or by seen notified in writing of the change.	an officer so
	e E. aQui	Jill Cilmi, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name as gent and agree to act in this capacity, all statutes relative to the proper and h and accept the obligation of my position reflect a change in the registered catified in writing of this change.	complete ition as registered
By: Dross	nature of Registered Agent	12/18/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President	_	
T	yped or Printed Name		

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