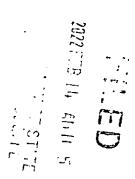
846367

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

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ALLAHASSEE, FLOOR

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/11/2022	
Name:		<u> </u>
Reference #	1506996	_
Entity Name	RADISSON HOTELS M	ANAGEMENT CORPORATION
Articl	es of Incorporation/Authorization	n to Transact Business
Amer	ndment	
✓ Char	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	ſ	
Authorized /	Amount: \$35.00	

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

1. The name of the corporation: RADIS	SON HOTELS MANAGEMENT CORPOR	А٦
2. The principal office address: No Char		
2. The mailing address (if different).		
3. The maining address (if different):		
4. Date of incorporation/qualification:	Ine 27, 1980 Document number: 846367	
5. The name and street address of the curre Florida Department of State: (If resigned	nt registered agent and registered office on file with the I, enter resigned)	
UNITED STATE	S CORPORATION COMPANY	
1201 HA	YS STREET SUITE 105	
TALLA	HASSEE, FL 32301	
(if changed): COGENCY GL	P.O. Box NOT acceptable	
The street address of its registered office a as changed will be identical.	and the street address of the business office of its registered as	gen
Such change was authorized by resolution authorized by the board, or the corporation	duly adopted by its board of directors or by an officer so nas been notified in writing of the change.	
/s/ Tanya M. Taylor	Tanya M. Taylor Secretary Printed or typed name and title	
. 0	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I been notified in writing of this change.	1
/s/ Tim Mayville	2/11/2022	
Signature of Registered Agent	Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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