

BO60000000068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

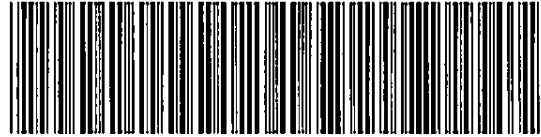
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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 755038 4380061

AUTHORIZATION :

COST LIMIT : \$ 35.00

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ORDER DATE : November 7, 2024

ORDER TIME : 10:15 AM

ORDER NO. : 755038-077

CUSTOMER NO: 4380061  
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CHANGE OF AGENT

NAME: WESTIN HOTEL MANAGEMENT, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WESTIN HOTEL MANAGEMENT, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/07/2006 3. B06000000068  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/ Andrew P.C. Wright Andrew P.C. Wright, Authorized Person  
Signature of General Partner on behalf of WHLP ACQUISITION, LLC, General Partner

*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 obligations of my position as registered agent.*

Grace E. Kirby GRACE E. KIRBY, ASST. VICE PRESIDENT  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

CSC 755038

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