## 81300000236

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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:	11/24/2020	
	Chris Vick	
Reference #	4070040	
Entity Name	нідно	SATE HOTELS LP
Article	es of Incorporation/Authorizat	ion to Transact Business
☐ Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conv	ersion	
Merg	er	
Disso	olution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount: \$35.00	

F: 800.944.6607



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

Account#: 120000000088

Date:	11/24/2020	
	Chris Vick	
Reference #	4070040	- <del></del>
Entity Name:	нідно	SATE HOTELS LP
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Amen Amen	dment	
✓ Chang	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	(	

## 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.	HIGHGATE	HOTELS_L	.P		
Na	me of Limited Partnership or L	mited Liability Lin	mited Partners	hip	
2. Aug	August 16, 2013		3B13000000236		
Date of filing	Date of filing/registration in Florida		Florida document number		
4. The name of the re Department of State:	egistered agent and the registere	d office address as	shown on the	records of the Florida	
	Corporation Se	ervice Compar	ηγ		
	ıme				
	ys Street				
		iress			
	Tallahassee, F	L 32301-252	25	20	
	City, Sta	te and Zip		20 N	
5. The name and Flo	rida street address of the new re	gistered agent and/	or office:	2020 NOY 25	
	COGENCY	SLOBAL INC.		့် ဟ	
	N	ime		AM 9: 41	
	115 North Calh	oun St., Suite	4	7 (s) <b>9:</b>	
	Florida street address (	O. Box not accep	otable)		
	Tallahassee	FL	32301		
	City, Sta	te and Zip			
6. Such change(s) is/	are effective when filed by the I	lorida Department	t of State.		
/S/ Paul R. W	omble for HIGHGATE H	OTELS GP, L	.LC		
Signature of General	Partner	-			
comply with the provi and I am familiar wit /S/ Tim Mayvi		he proper and com	iplete perform		
Signature of Register	ed Agent Tim Mayville, A	ssistant Secre	etary		
Filing Fee: Certified Copy (e	\$35.00 optional): \$52.50				
comes copy (	· [ · · · · · · · · · · · · · · · · · ·				