

BIS000000324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

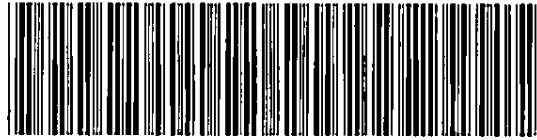
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700355030477

FILED
2020 NOV 12 AM 9:18

RECEIVED
2020 NOV 12 PM 1:43

1112



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

Account#: 120000000088

Date: 11/11/2020

Name: Jennifer Bialowas

Reference #: 1278480

Entity Name: HCI/RAM TAMPA SUITES JV LP

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: 35.00

Signature:



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

Account#: 120000000088

Date: 11/11/2020

Name: Jennifer Bialowas

Reference #: 1278480

Entity Name: HCI/RAM TAMPA SUITES JV LP

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: 35.00

Signature: [Handwritten Signature]

**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. HCI/RAM TAMPA SUITES JV LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. November 24, 2015
Date of filing/registration in Florida

3. B15000000324
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:

Corporation Service Company
Name

1201 Hays Street
Address

Tallahassee, FL 32301-2525
City, State and Zip

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

COGENCY GLOBAL INC.
Name

115 North Calhoun St., Suite 4
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/ Paul R. Womble, manager on behalf of HCI/RAM TAMPA SUITES JV GP LLC
Signature of 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.

/s/ Tim Mayville
Signature of Registered Agent

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

FILED
2020 NOV 12 AM 9:18
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE