

B16000000185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

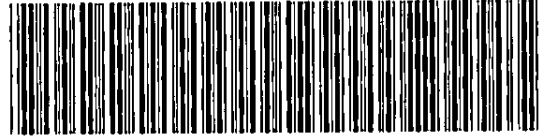
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 23 2024

Office Use Only



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FILED
2024 MAY 22 AM 10:19
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAY 22 PM 12:57
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 05/22/24
Order #: 1514763-1
Re: DAD 1300 N Atlantic Cocoa, LP
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of: \$35.00 - FL State Account Number: I20000000195
AUTH

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

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

**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. DAD 1300 N ATLANTIC COCOA, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/25/2016 3. B16000000185
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:

DRIFTWOOD HOSPITALITY MANAGEMENT, LLC

Name

11770 N US HIGHWAY 1, SUITE 202

Address

NORTH PALM BEACH, FL 33408

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/ David Buddemeyer

Signature of General Partner

David Buddemeyer, Authorized Person on behalf of DAD 1300 N Atlantic Cocoa GP, LLC,
its 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
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

Filing Fee: \$35.00

Certified Copy (optional): \$52.50