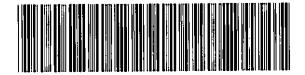
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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

Account#: 120000000088

Date:	06/04/2021	
Name:		_
Reference #:	4270000	_
Entity Name:	FELCOR LODGING	LIMITED PARTNERSHIP
Article	s of Incorporation/Authorization	to Transact Business
☐ Amen	dment	
✓ Chang	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	moun! \$35.00	

F: 800.944.6607

HONG KONG

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. FELCOR LODGING LIMITED PARTNERSHIP					
	Name of Limited Partnership or Limi	ited Liab	ility Limited Partne	rship	
2.	7/5/1994	3	B940000	000259	
	Date of filing/registration in Florida			ument number	
	he name of the registered agent and the registered outtinent of State:	office add	lress as shown on th	ie records of the Flori	ida
	Corporate Creation	ons Net	twork Inc.		
	Name				
	801 US HIGHWA	.Υ 1		_	
	Addre				26
	NORTH PALM BE	EACH, F	L 33408		2821 JUN
	City, State			= ;:-	
5. T	he name and Florida street address of the new regis	tered age	ent and/or office:		뉴
	COGENCY GLOS	BAL INC	<u>.</u>	Min in the second	Ž
	Name			- [F. U.	Ö
	115 North Calhou Florida street address (P.C			्र ेड्डिंग —	4H 10: 09
	Tallahassee		FL_32301	_	
	City, State	and Zip			
6. S	uch change(s) is/are effective when filed by the Flo	rida Dep	artment of State.		
	ederick D. McKalip, Senior VP on behalf of Rangers General Partner	eral Partn	er, LLC		
com	reby accept the appointment as registered agent and ply with the provisions of all statutes relative to the I am familiar with an accept the obligations of my p	proper a	nd complete perfor	y. I further agree to mance of my duties,	
/s/	Tim Mayville				
_	ature of Registered Agent				
	ng Fee: \$35.00 rtified Copy (optional): \$52.50				