F0000005854

(Re	_ equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		





500289172975

09/08/16--01029--019 **35.00

16 SEP -8 AH 8: 53 SECRETARY OF STATE

8 Talleck SEP 1 4 2016



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 6, 2016

Order#: 267879-072

Re: INTERSTATE HOTELS COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of DE or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: INTERSTATE	HOTELS OF DELAWARE COMPANY	
2. The principal	l office address: IRFAX DR. STE. 500 ARLINGT		
3. The mailing	address (if different):		_
4. Date of incor	poration/qualification: 10/16/20	000 Document number: F00000005854	
	d street address of the current re artment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	C T CORPORATION SYSTE	М	
	1200 SOUTH PINE ISLAND F	ROAD	
	PLANTATION	FL 33324	
6. The name and (if changed):	C	stered agent (if changed) and /or registered office	
	Corporation Service Compan	TER S	
	1201 Hays Street	· ## P	-
	P. Tallahassee	O, Box NOT acceptable FL 32301	ľ
		the street address of the business office of its registered agency.	ָ י
Such change wanthorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
العالم الم	$O \cap C$	Jill Cilmi, Vice President Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered to comply with the provisions of my duties, and I am familiar w iis document is being filed mero	agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change. 08/30/2016	
_	gnature of Registered Agent	Date	
5 5	ehalf of an entity:		
	, Asst. Vice President	_	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *