F02000003927

(Requestor's Name)
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(Business Entity Name)
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RECHIVED

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO). : 12000000195
REFERENC	E : 755037 4380061
AUTHORIZATIO	ON : Charles of the control of the c
COST LIMI	T: \$(35.00
ORDER DATE: November 7, 20	024
ORDER TIME : 10:18 AM	
ORDER NO. : 755037-162	
CUSTOMER NO: 4380061	
	·
CHANGE OF	AGENT
NAME: STARWOOD LA	ATIN AMERICA, INC.
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:
CERTIFIED COPY	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Amanda Mill	er
	EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.05 age is submitted for a corporation orgo to change its registered office or regis	mized under the law	rs of the State o	of DE	
1. The name of t	he corporation: STARWOOD LATIN A	MERICA, INC.			
	office address: 7750 Wisconsin Avenue		814		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 08/01/2002	Document n	number: F0200	00003927	
	street address of the current registered tment of State: (If resigned, enter resign		d office on file	with the	
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL	33324	F 7	
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and	l /or registered		1
	Corporation Service Company			T FIG	J
	1201 Hays Street			PH 12: 47	
	P.O, B	lox NOT acceptable			
	Tallahassee	FL	32301		
The street addre	ss of its registered office and the stree be identical.	et address of the bus	siness office o	f its registered agent.	
Such change wa authorized by th	s authorized by resolution duly adopte e board or the corporation has been r	ed by its board of d notified in writing o	irectors or by of the change.	an officer so	
X Pr		Andrew P.C. Wr	right, Secretar	у	
-	e of an officer or director		ed or typed name an		
of my duties, and document is being corporation has	the appointment as registered agent a o comply with the provisions of all sto d I am familiar with and accept the ol ng filed merely to reflect a change in t been notified in writing of this chang n Service Company	bligation of my posi the registered office	this capacity, e proper and c ition as registe e address, I he	complete performance gred agent. Or, if this greby confirm that the	
Ву:	ne Cokubi.	11/21/2024			
	nature of Registered Agent		Date		
If signing on bel	nalf of an entity:				
	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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