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PICK-UP WAIT MAIL			
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 813913 8414720

AUTHORIZATION : COST LIMIT : \$ 35.00

ORDER DATE : June 14, 2023

ORDER TIME : 8:49 AM

ORDER NO. : 813913-037

CUSTOMER NO: 8414720

CHANGE OF AGENT

NAME: APPLE SEVEN HOSPITALITY

MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid n organized under the laws of the State of registered agent, or both, in the State of	of Virginia
1. The name of	the corporation: APPLE SEVEN	HOSPITALITY MANAGEMENT, INC.	
2. The principal	office address: 814 East Main Str	eet, Richmond, VA 23219	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/13/2000	Document number: F060	00005893
	d street address of the current regis	tered agent and registered office on file resigned)	with the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	_
6. The name and (if changed):	•	ed agent (if changed) and /or registered	office
	Corporation Service Company		<del></del>
	1201 Hays Street	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of	fits registered agent,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by a central firm writing of the change.	an officer so
Xi	e E agnée	Jill Cilmi, Vice President	
/ "1	e of an officer or director	Printed or typed name and	d title
l further agree to of my duties, and document is bein corporation has	a camply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and c te obligation of my position as register in the registered office address, I her ange.	omplete performance red agent. Or, if this reby confirm that the
3у: (Дл	, M Lei	07/11/2023	
	nalf of an entity:	Date	
-	•		
•	, Asst. Vice President ped or Printed Name		

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

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