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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 813913

AUTHORIZATION :

COST LIMIT : \$ \$5.00

ORDER DATE: June 14, 2023

ORDER TIME : 8:49 AM

ORDER NO. : 813913-048

CUSTOMER NO: 8414720

CHANGE OF AGENT

NAME: APPLE SEVEN HOSPITALITY

OWNERSHIP, 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	provisions of sections 607.050 inge is submitted for a corpora ir to change its registered offici	tion organized under the la	ws of the State of Virgin	ia	
1. The name of t	the corporation: APPLE SEVE	N HOSPITALITY OWNER	SHIP, INC.		
	office address: 814 East Main				
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 09/13/2006 Document number: F06000005903				<u> </u>	
	I street address of the current re tment of State: (If resigned, en		ed office on file with the		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL	33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	1201 Hays Street				
P.O. Box NOT acceptable					
	Tallahassee	FL	32301	1 0 D	
The street addre	ess of its registered office and be identical.	the street address of the bu	siness office of its regist	teréd agent.	
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of cost been notified in writing of	directors or by an officer of the change.	so S	
X_{i}	e 2 Comi	Jill Cilmi, Vice	President		
Olgranui	re of an officer or director	Print	ed or typed name and title		
l furthei agree t of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of I am familiar with and accending filed merely to reflect a chief been notified in writing of the Service Company	of all statutes relative to th pt the obligation of my pos ange in the registered offic	this capacity. e proper and complete p ition as registered agent e address, I hereby confi	nerformance Or, if this irm that the	
ву: (Дл	Mel	07/11/2023			
Sigi	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
	, Asst. Vice President				
т,	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)