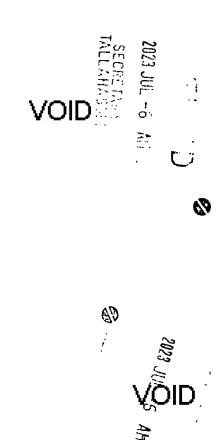
## F0100005500

(Requestor's Name)			
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PICK-UF	WAIT MAIL		
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Certified Copies	Certificates of Status		
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Special Instructions to	Filing Officer:		
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This is a duplicate filing. This should have been a change for F07000005499 so this filing is being voided and the correct filing will be filed on the proper corporation. dcc 10/02/2023

VOID

## 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 8132037 REFERENCE : AUTHORIZATION COST LIMIT : ORDER DATE: June 14, 2023 ORDER TIME : 9:07 AM ORDER NO. : 813903-023 CUSTOMER NO: 8414720 CHANGE OF AGENT APPLE EIGHT HOSPITALITY NAME: OWNERSHIP, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

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

statement of cha	nge is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Virginia	_
	r to change its registered office or registere		
1. The name of t	the corporation: APPLE EIGHT HOSPITA	LITY OWNERSHIP, INC.	
2. The principal	office address: 814 East Main Street, Rich	nmond, VA 23219	_
3. The mailing a	ddress (if different):		<u>-</u>
4. Date of incorp	poration/qualification: 11/06/2007	Document number: F07000005500	<del></del>
	I street address of the current registered age tment of State: (If resigned, enter resigned)		
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):	Street address of the new registered agent  Corporation Service Company	(if changed) and /or registered office	9093 D
	1201 Hays Street		· ·
	Tallahassee P.O. Box N	FL 32301	<u> </u>
The street addre	ess of its registered office and the street ad	Idress of the business office of its registered age	nt,
		by its board of directors or by an officer so ited in writing of the change.	Ø2
$X_{i}$	e & Coner	Jill Cilmi, Vice President	
/ · · ·	e of an officer or director	Printed or typed name and title	_
of my duties, and document is bein corporation has	the appointment as registered agent and of a comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the the permitted in writing of this change.  The Service Company ( )	agree to act in this capacity. es relative to the proper and complete performa ation of my position as registered agent. Or, if t registered office address, I hereby confirm that t	nce his The
Bv: ( L L	, M Ley	06/29/2023	_
Sign	Siture of Registered Agent	Date	
lf signing on bel	half of an entity:		
	, Asst. Vice President		
Τ̈́ς	yped or Printed Name	. 675 00 + + +	
	* * * FILING FEE	: 555.00 " " "	

Make checks payable to Florida Department of Statis Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)