F08000002574

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 755037 4380061 AUTHORIZATION COST LIMIT : ORDER DATE: November 7, 2024 ORDER TIME : 10:22 AM ORDER NO. : 755037-356 CUSTOMER NO: 4380061 CHANGE OF AGENT NAME: W HOTEL MANAGEMENT, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

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

in order	nge is submitted for a corporation or r to change its registered office or r	egistered agent, or hoth				
1. The name of t	he corporation: W HOTEL MANAG	EMENT, INC.				
	office address: 7750 Wisconsin Av		814			
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualification: 06/09/2008	Document n	Document number: F08000002574			
	street address of the current registe tment of State: (If resigned, enter re	•	d office on file w	vith the		
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROA	AD		-		
	PLANTATION	FL	33324	ΤĂĹ	2024	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and	l /or registered o	LAHRSSE	2024 NOV 22	-
	Corporation Service Company			ا س زیرز	PM 12: 44	
	1201 Hays Street			LORID	ار ا	
		P.O. Box NOT acceptable		IDA ADA	F	
	Tallahassee	FL	32301	_		
as changed will	ess of its registered office and the some identical. It is authorized by resolution duly acted to be board, or the corporation has be				_	'n
Mal	MA	Andrew P.C. Wi	right, Secretary			
Signatur	re of an officer of director	Printed or typed name and title				_
l further agree i of my duties, an document is bei corporat ion ha s	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change to been notified in writing of this ch n Service Company	l statutes relative to the e obligation of my posi in the registered office	this capacity. e proper and co ition as register e address, I here	mplete p ed agent. eby confi	erforma Or, if rm that	n tl
By: Dr	are Company	11/21/2024				
	nature of Registered Agent		Date			_
lf signing on be	half of an entity:					
Grace E. Kirl	oy, Asst. Vice President					
Ty	sped 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 * * *