F08000004570

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions	s to Filing Officer:				

Office Use Only



900411200249

RA & RO Charge





A. RAMSEY
JUN 3 0 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 813903 8414720						
AUTHORIZATION :						
COST LIMIT : \$ GENERAL						
ORDER DAME Tomo 14 2022						
ORDER DATE : June 14, 2023						
ORDER TIME : 9:09 AM						
ORDER NO. : 813903-096						
CUSTOMER NO: 8414720						
CHANGE OF AGENT						
NAME: APPLE NINE HOSPITALITY MANAGEMENT, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INTTIALS:						

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nized under the lav	ws of the State of Virg	ginia
1. The name of	the corporation: APPLE NINE HOSPIT	ALITY MANAGEM	MENT, INC.	
2. The principal	office address: 814 East Main Street, F	Richmond, VA 23	219	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:10/21/2008	Document	number: F08000004	570
	d street address of the current registered artment of State: (If resigned, enter resign		ed office on file with th	ne
	C T Corporation System			
	1200 South Pine Island Road		. 2N	
	Plantation	FL	33324	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and	d /or registered office	NA JUN 29 PK
	Corporation Service Company			77.00 10
	1201 Hays Street			等 8
P.O. Box NOT acceptable				
	Tallahassee	FL -	32301	
The street addresses changed will	ess of its registered office and the street be identical.	address of the bu	siness office of its reg	gistered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of dotified in writing o	lirectors or by an office of the change.	cer so
X_{λ}	e 2 GOnei	Jill Cilmi, Vice	President	
Signatui	re of an officer or director		ed or typed name and title	· · · · · · · · · · · · · · · · · · ·
corporation has	the appointment as registered agent or to comply with the provisions of all stat of I am familiar with and accept the ob- ing filed merely to reflect a change in the been notified in writing of this change of Service Company	nd agree to act in l autes relative to th ligation of my posi ne registered offica	this capacity. e proper and complet ition as registered ago e address, I hereby co	e performance ent. Or, if this nfirm that the
By: (& 1	Mey	06/29/2023		
Sigi	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	, Asst. Vice President			
Ту	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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