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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARIANSSEE, FLORIDA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 31, 2018

Order#: 455477-005

Re: FOUR SEASONS HOTELS LIMITED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

4.5

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508. Florida Statutes, this on organized under the laws of the State of Ontario, Canada or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: FOUR SEASON	NS HOTELS LIMITED CORPORATION	
2. The principal	office address: 1165 Leslie Stre	et, Toronto, Ontario, M3C 2K8 Canada	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:05/27/20	10Document number: F10000002522	
	I street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	C T Corporation System		
1200 South Pine Island Road			
	Plantation, FL 33324		
6. The name and (if changed):		red agent (if changed) and /or registered office	FILE
	Corporation Service Company		0
	1201 Hays Street	Og.	
		Box NOT acceptable	i
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change wa	s authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
Xiel ,	2 april	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
Hurther agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address. I otified in writing of this change.	
By:	, m Lei	10/31/2018	
Sign	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Ami M. Casper,	Asst. Vice President	_	
Ty	ped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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