ODO 195

(Re	questor's Name)	_
(Ad	dress)	_
(Ad	dress)	_
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	siness Entity Name)	_
(Do	ocument Number)	_
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	J. HORNE	
	JUL 1 2 2023	

Office Use Only



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RECEIVED

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 813913 8414720

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: June 14, 2023

ORDER TIME : 8:50 AM

ORDER NO. : 813913-103

CUSTOMER NO: 8414720

CHANGE OF AGENT

NAME: APPLE TEN HOSPITALITY MANAGEMENT, 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	nge is submitte	ctions 607.0502, 617.0. d for a corporation org registered office or regi	anized under the la	ws of the State of _	Virginia	
1. The name of t	he cornoration:	APPLE TEN HOSPIT.	ALITY MANAGEM	ENT, INC.		
2. The principal	office address:	814 East Main Street,	Richmond, VA 23	219		
3. The mailing a	ddress (if differ	ent):				
4. Date of incorp	oration/qualific	cation: 05/09/2011	Document	number: <u>F110000</u>	001959	
5. The name and	street address	of the current registered (If resigned, enter resig		ed office on file wit	th the	
	C T Corporati	on System				
	1200 South P	ine Island Road				
	Plantation		FL	33324	. =	
6. The name and (if changed):	street address	of the new registered ag	gent (if changed) an	d /or registered offi	SECRE D	
	Corporation S	ervice Company			· 語彙 =	***
	1201 Hays St	reet				1
		P.O. F	Box NOT acceptable		ڹ	
	Tallahassee		FL	32301	~ ~	
		ered office and the stree				gent,
Such change wa authorized by th	s authorized by e board, or the	y resolution duly adopt corporation has been r	ed by its board of o notified in writing o	directors of by an coof the change.	officer so	
Xie	e 2 G	Our	Jill Cilmi, Vice	President		
I hereby accept in I further agree to of my duties, and document is bein	o comply with d I am familiar ig filed merely been notified i	nt as registered agent of the provisions of all sto with and accept the of to reflect a change in in writing o f this chang	and agree to act in atutes relative to th bligation of my pos the registered offic	ed or typed name and title this capacity. e proper and comp ition as registered e address, I hereby		ance this the
Bv: (L 1		ei	07/11/2023			
	ature of Registered	Agent		Date		
If signing on beh	nalf of an entity	y:				
Ami M. Casper,	Asst. Vice Pre-					

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

(S PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)