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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
J. HORNE JUL 12 2023					

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 813913 8414720					
AUTHORIZATION: Spelle Ban					
COST LIMIT : \$ 35.00					
ORDER DATE : June 14, 2023					
ORDER TIME : 8:50 AM					
ORDER NO. : 813913-118					
CUSTOMER NO: 8414720					
CHANGE OF AGENT					
NAME: APPLE TEN HOSPITALITY OWNERSHIP, 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	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga ar to change its registered office or regis	nized under the laws of the State of $_$	Virginia		
1. The name of:	the corporation: APPLE TEN HOSPITA	LITY OWNERSHIP, INC.			
2. The principal	office address: 814 East Main Street, F	Richmond, VA 23219			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 05/09/2011	Document number: F110000)01963		
5. The name and	d street address of the current registered attention of State: (If resigned, enter resign		h the		
	C T Corporation System				
1200 South Pine Island Road					
	Plantation	FL 33324			
6. The name and (if changed):	d street address of the new registered age Corporation Service Company	ent (if changed) and /or registered offi	2023 J SECRI TALLAJ		
	1201 Hays Street		SYN III		
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301	AH		
	ess of its registered office and the street be identical.				
authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	otified in writing of the change.	,		
	e E GONE	Jill Cilmi, Vice President			
/ *1	re of an officer or director	Printed or typed name and titl	c		
i jurine r agr ee i of my duties, an document is bei corporation has	the appointment as registered agent at 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 on Service Company	ligation of my position as registered the registered office address, I hereby	plete performance agent. Or, if this y confirm that the		
ву: (Ял	MKey	07/11/2023	· · · · · · · · · · · · · · · · · · ·		
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Ami M. Casper	, Asst. Vice President				
T	yped or Printed Name				

?

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

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