

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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R. WHITE AUG 2 8 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: August 22, 2018

Order#: 349726-042

Re: SCHULTE HOSPITALITY GROUP, INC.

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: Anthony Arthur

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

-statement of cha	ange is submitted for a corporat	2. 617.0502, 607.1508, or 617.1508, Florid ion organized under the laws of the State or registered agent, or both, in the State o	of IL
	the corporation: SCHULTE HOS		
-	office address: WICKHAM PLACE LOUISVILL	E KY 40245, SUITE 300	
3. The mailing a	address (if different):		
4. Date of incorporation/qualification: 05/16/2014 Document number: F14000002216			00002216
	I street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file er resigned)	with the
	COGENCY GLOBAL INC.		201 SE
	115 NORTH CALHOUN ST.,	STE. 4	2018 AUG 21 SECRETAR TALLAH
	TALLAHASSEE	FL 32301	22
6. The name and (if changed):	I street address of the new regis Corporation Service Company	tered agent (if changed) and /or registered	AM 9: 05 OF STATE SSEE, FL
		,	
	1201 Hays Street	O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and t be identical.	he street address of the business office o	f its registered agent,
		y adopted by its board of directors or by a seen notified in writing of the change.	
م بن	Conie	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and	I title
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and c ith and accept the obligation of my posit ly to reflect a change in the registered of notified in writing of this change.	omplete ion as registered fice address, I
By: I)no	co Cokuble	08/22/2018	
_	half of an entity:	Date	
Grace E. Kirby,	Assistant Vice President		
	smed or Printed Name	_	

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