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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:		-	
Name: Merri	tt Walker	_	2
Reference #:	B104181		2018 AUG
		HOTEL, CORP.	6 - 3f
Articles of Incor	poration/Author	rization to Transact Business	
Amendment			<i>€</i>
✓ Change of Age	nt		_
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/With	hdrawal		
☐ Fictitous Name			
Other			
Authorized Amount	•		
Signature:		/	

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ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG KONG HARTED COMPANY INFINITUS PLAZA, 17" FL 199 DES VOEUX RD CENTRAL HONG KONG *852.3975.1803



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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orgain order to change its registered office or regis	nized under the law	es of the State of	New Hampshire
1. The name of the corporation: Linchris Ho	tel Corp	· ·	
2. The principal office address:	• • • •	,	
269 Henover St. Unit	2. Hanover M	A-02339	
3. The mailing address (if different):			
4. Date of incorporation/qualification: 5/22/2014	Document r	number:	F14000002280
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign		d office on file	with the
Coc	k, Jáy F		_
9123 Tr	tvoli Terrace		2810 \$
Naples, FL 34119			AUG
6. The name and street address of the new registered ag (if changed):	ent (if changed) and	d /or registered	office Solito
		·.	_
115 North Calhoui		 	_
Tallahassee	Florida	32301	
The street address of its registered office and the stree as changed will be identical. Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been not been as the corporation has been not been not been as the corporation has been not been n			
	Glenn Gist	is, CFO	
Signification of the other or director	, ,	d or typed name and	Little
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all stoperformance of my duities, and I am familiar with and agent. Or, if this document is being filed merely to re thereby confirm that the corporation has been notified	nd agree to act in situtes relative to the accept the obligated a change in the line writing of this c	this capacity. e proper and co ion of my positi e registered of change.	omplete on as registered fice uddress, l
Mensitt Kuick I. ASSI Decretari	y 8	9 2018 Date	
If signing on behalf of an entity:			
Mrystt Knickle. Typed or Printed Name			
* * * FILING F	EE: \$35.00 * * *	i	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
'Q2E045 (03/12)