To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000093692 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CHESTERFIELD PB HOTEL PROPERTY, INC.

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge \$43,75

Electronic Filing Menu Corporate Filing Menu

Help

MAR 21 1819

•

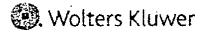


TO	
COMPANY	
FAX NUMBER	18506176380
FROM	Kimberly Laughrey
DATE	2019-03-20 08:53:47 CST
RE	CHESTERFIELD PB HOTEL PROPERTY, INC.

COVER MESSAGE

Tori Wolfe
Associate Fulfillment Specialist
Fulfillment Operations
CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (it any) contain confidential information of the sender. The information is intended only for the use by the onect addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taxing of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown beroin and permanently delice any topics of this email (digital or paper) in your possession.

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

statement of change is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Delawate rgistered agent, or both, in the State of Florida.
1. The name of the corporation: CHESTERFIELD PB	HOTEL PROPERTY, INC.
The name of the corporation: CHESTERFIELD PB The principal office address: 801 E. KATELLA AV	'ENUE ANAHEIM, CA 92805
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/10/2015	Document number: F15000002543
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	red agent and registered office on file with the
Lowndes, Drosdick, Doster, Kantor &	Reed P. S.
215 N. Eola Dr.,	Reed HA 20 A Constant (if changed) and for registered office
Orlando, FL 32801	SSS 20
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
C T Corporation System	# # # # # # # # # # # # # # # # # # #
e/o CT Corporation System, 1200 Soc	
P.O. Box Plantation, Florida 33324	NOT acceptable
The street address of its registered office and the street as changed will be identical.	rect address of the business office of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
egte (can be can	Stephanic Boehm
Signsture of an officer of director I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duttes, and I am familiar with an agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I
By: C T Corporation System Signature of Registered Agent	3/6/2019
Signafure of Registered Agent	1 hate
If signing on behalf of an entity:	
Sarah Revetle, Asst. Secretary	
Typed or Printed Name	FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)