(Re	questor's Name)	
(Ad	dress)	
		_
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del> </del>
(Cit	y/State/Zip/Pilone	: <del>+</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	<del></del>	

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Account#: 120000000088

Date:	08/27/2021	
Name:		
	#:1414677	
Entity Name	e IVI HOTEL MANAGE	MENT OF WASHINGTON, INC.
Artic	les of Incorporation/Authorization	on to Transact Business
☐ Ame	endment	
<b>☑</b> Cha	nge of Agent	
Rein	statement	
Con	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
Fictif	tious Name	
Othe	er	
Authorized Signature:	Amount \$35.00	<del></del>

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/27/2021	
Name:		_
	e #:1414677	_ <del>_</del>
Entity Nar	me: IVI HOTEL MANAGEM	ENT OF WASHINGTON, INC.
☐ Art	icles of Incorporation/Authorization	to Transact Business
Am	nendment	
<b>₽</b> Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
☐ Oth	her	
Authorize Signature	d Amoun: \$35.00	

F: 800.944.6607

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

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Flo on organized under the laws of the Sta or registered agent, or both, in the Sta	te of Washington
1. The name of t	the corporation: IVI HOTEL	MANAGEMENT OF W	ASHINGTON, INC
2. The principal	office address: No Change		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: Decem	ber 1, 2016 Document number:	F16000005328
	I street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on resigned)	file with the
	Corporation	Service Company	
	1201	Hays Street	1021 A
	Tallahasse	e, FL 32301-2525	F III
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registe	red office $\geq$ T
	115 North Calhou	n St., Suite 4	
	Tallahassee, FL	Box NOT acceptable 32301	
The street address changed will	ess of its registered office and the identical.	ne street address of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or been notified in writing of the chang	oy an officer so e.
/s/ Paul R. W	/omble	Paul R. Womble	Vice President
I hereby accept I further agree performance of	the appointment as registered to to comply with the provisions of my duties, and I am familiar wi	igent and agree to act in this capacit fall statutes relative to the proper an th and accept the obligation of my po by to reflect a change in the registered otified in writing of this change.	v. d complete osition as registered
/s/ Michael (	Carlisle	July 12, 2021	
_	nature of Registered Agent half of an entity:	Date	

Michael Carlisle, Assistant Secretary

Typed or Printed Name

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