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

ACCOUNT NO	D. : I2000000195
REFERENC	CE : 731048 4332382
AUTHORIZATIO	ON Spullelenan
COST LIM	//\
ODDED DAME Tours O 2022	
ORDER DATE : June 8, 2022	
ORDER TIME : 10:47 AM	
ORDER NO. : 731048-302	
CUSTOMER NO: 4332382	
•	
CHANGE OF	F AGENT
NAME: THC MIAMI I HOSPITALITY	RESTAURANT Y MEMBER CORP
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Bak	cer
	EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporatio	617.0302, 607.1308, or 617.1308, Florida Statu on organized under the laws of the State of DE or registered agent, or both, in the State of Florid		
1. The name of	he corporation: THC MIAMI RES	STAURANT HOSPITALITY MEMBER CORP.		
	office address: 4400 NW 87th A			
2. The mailing a	ddrass (if different) 725 FIFTH	AVENUE, NEW YORK, NY 10022		
	poration/qualification: 02/28/201		41	
5. The name and		istered agent and registered office on file with th		
	NRAI SERVICES, INC			
	1200 South Pine Island Road			
	Plantation, FL 33324		를. 당.	2022
 The name and street address of the new registered agent (if changed) and /or registered office (if changed): 				022 JUN 20
	Corporation Service Company			AH
	1201 Hays Street		: :-!:	မှာ ယ
		P.O. Box NOT acceptable	,	œ
	Tallahassee	FL 32301		
_		e street address of the business office of its reg		agent,
Such change wa authorized by th	e board, or the corporation has	adopted by its board of directors or by an offic been notified in writing of the change.	er so	
	Lie E. Cienie	Jill Cilmi, Vice President		
Signatus	of in officer or director	Printed or typed name and title		
i juriner agree i of my duties, an document is beil corporation has	the appointment as registered a comply with the provisions of I am familiar with and accept in filed merely to reflect a chan been notified in writing of this in Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ago ge in the registered office address. I hereby co change.	e perfori ent. Or, infirm th	mance if this at the
	see t-Kuby	06/15/2022		
	nature of Registered Agent	Date		
Grace E. Kirby, /	Asst. Vice President			
Ty	ped or Printed Name	_		

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