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	(Requestor's Name)	
	(Address)	
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(Ĉity/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions	s to Filing Officer	

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

Account#: I20000000088

Date:	09/20/2021	
Name:		- -
	#:1471023	
Entity Nan	ne:HOTEL MANAG	EMENT SERVICES, INC.
☐ Arti	cles of Incorporation/Authorizatio	n to Transact Business
☐ Am	endment	
₽ Cha	ange of Agent	
☐ Rei	nstatement	
Co	nversion	
□ Ме	rger	
Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize	d Amount \$35.00	

)

F: 800.944.6607



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

Account#: 120000000088

Date:	09/20/2021	
Name:		
	#:1471023	
		SEMENT SERVICES, INC.
☐ Arti	cles of Incorporation/Authorizati	on to Transact Business
Am	endment	
₽ Cha	ange of Agent	
☐ Rei	instatement	
Co	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize	d Amount	

F: 800.944.6607

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.150 statement of change is submitted for a corporation organized under in order to change its registered office or registered agent	the laws of the State of ,	Tenne		-
1. The name of the corporation: HOTEL MANAG	EMENT SERVI	CES,	INC.	
2. The principal office address: No Change				
3. The mailing address (if different):				
4. Date of incorporation/qualification: August 12, 2020 Doc	ument number: F	200000	0352	!1
5. The name and street address of the current registered agent and r Florida Department of State: (If resigned, enter resigned)	egistered office on file w	ith the		
WAGNER, BRIAN	L	20 0.55 0.55	2021	
C/O MATEER HARBERT, 225 E ROBII	NSON ST STE 200	RETA	1021 SEP 20	
ORLANDO, FL 32	802	爱	20	**(E10)
6. The name and street address of the new registered agent (if changed): COGENCY GLOBAL INC.	ged) and for registered of	fice on	M 9: 03	
115 North Calhoun St., Suite	4			
Tallahassee, FL 32301				
The street address of its registered office and the street address of as changed will be identical.	the business office of it	s register	red age	nt,
Such change was authorized by resolution duly adopted by its bor authorized by the board, or the corporation has been notified in w		officer se)	holder
I hereby adoept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relatively performance of my duties, and I am familiar with and accept the agent. Or, if this document is being filed merely to reflect a chan hereby confirm that the corporation has been notified in writing of	ve to the proper and con obligation of my position	ı as regis	stered es, I	
/s/ Michael Carlisle	September 20, 2	021		_
Signature of Registered Agent	Date			
If signing on behalf of an entity:				

Michael Carlisle, Assistant Secretary

Typed or Printed Name

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