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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 HOTELS MAGAZINE, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation DOCUMENT NUMBER: F220000	000641
DOCUMENT NUMBER: == = = = = =	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Alicia Richards	ς. 2 3
Name of Contact Person	SECRETALL AND
Registered Agent Solutions, Inc.	
Firm/Company	至 2
Corporate Center One, 5301 Southwest Pkwy, Ste 400	PS 2
Address	SOFT F
Austin, Texas 78735	Es. 5
City/State and Zip Code	LAHASSEE, FL
E-mail address: (to be used for future annual	
For further information concerning this matter, pl	ease call:
Alicia Richards	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.050 ange is submitted for a corpora					
	er to change its registered offic					
l. The name of	the corporation: HOTELS	S MAGAZINE, IN	IC.			
	office address: 121 Alha					
	, FL 33134					
3. The mailing	address (if different): 2151	Michelson Dr. St	uite 290, I	Irvine, CA 926	12	
4. Date of incor	poration/qualification: 1/31	/2022 Document	number: F22	000000641		
	d street address of the current authority of State: (If resigned, e		ed office on file	with the SECONE TALL		
	REGISTERED	AGENTS INC) .			
	7901 4TH ST. N SUITE 300		E 300			
	ST. PETERSBURG	FL	33702	AN OF STATE ASSEE, FL	T C	
6. The name an (if changed):	d street address of the new reg	_	Č	office T		
	2894 Remington Green Ln. Ste. A					
	Tallahassee	P.O. Box NOT acceptable FL 3230	08			
The street addr is changed wil	ess of its registered office and I be identical.	I the street address of the bu	usiness office o	f its registered agent,		
Such change wouthorized by t	as authorized by resolution de he board, or the corporation h	uly adopted by its board of as been notified in writing	directors or by of the change.	an officer so		
s/ Ali Jaha	angini are of an officer of director	Ali Jahang	giri ned or typed name ar	President		
hereby accept further agree of my duties, at locument is be	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of t	d agent and agree to act in t of all statutes relative to the ept the obligation of my pos- lange in the registered offic	this canacity			
И	and the	08/23/20)23			
Signature of Registered Agent			Date			
f signing on be	ehalf of an entity:					
Mackenzie Hibl	er, Assistant Secretary					
1	Typed or Printed Nume					
	***	ILING FEE: \$35.00 * * *				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)