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.

(((H24000425824 3)))



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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	busine	255	entity	to	be t	used	for		
а	nnual	report	t mailin	gs. E	inter	only	one	email	addı	°e s s	ple	ase.	•• -	ں 15۔

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## REGISTERED AGENT CHANGE VICEROY HOTEL MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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#### **COVER LETTER**

TO:

·
VICERON HOTEL MANAGEMENT INC
SUBJECT: VICEROY HOTEL MANAGEMENT, INC. Name of Corporation
DOCUMENT NUMBER: F24000002536
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
5301 Southwest Pkwy Suite 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Mary Castillo at (888 ) 705-7274
Name of Contact Person Area Code & Daytime Telephone Number.

Enclosed is a \$35.00 check made payable to the Department of State.

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)

#### H24000425824 3

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

statement of c	hange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of DELAWARE or registered agent, or both, in the State of Florida.						
2. The princip	oal office address: 545 E. JOHN C.	TEL MANAGEMENT, INC. ARPENTER FREEWAY, SUITE 1400 IRVING, TX 75062						
3. The mailing	g address (if different):							
4. Date of incorporation/qualification: 05/13/2024 Document number: F24000002536								
5. The name a		egistered agent and registered office on file with the						
	COGENCY GLOBAL INC.							
	115 NORTH CALHOUN	115 NORTH CALHOUN						
	TALLAHASSEE, FL 32301							
6. The name a (if changed		stered agent (if changed) and /or registered office of TARE A P O. Box NOT acceptable						
	Registered Agent Solutions, Inc							
	2894 Remington Green Ln. Ste	- A						
		P.O. Box NOT acceptable						
	Tallahussee, FL 32308							
The street add	dress of its registered office and ill be identical.	the street address of the business office of its registered agent.						
Such change authorized by	was authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.						
101	ım Graham Rumble	William Graham Rumble, Authorized Person						
=	ature of an officer or director	Printed or typed name and little						
1 juriner agre of my duties, ( document is h	re to comply with the provisions and I am familiar with and acce	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.						
Ma	or Ol	12/30/2024						
	Signate of Registered Agent	Date						
If signing on	behalf of an entity:							
Mackenzie Hil	bler, Assistant Secretary							
	Typed or Printed Name							

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