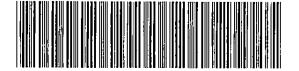
## F9500000052

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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2024 NOV 21 PM 3: 51
SECRETARY OF STATE
FALL AND SOLE OF ADMINISTRACE.

021/NOV 21 AM 10: 5

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

statement of cha	provisions of sections 607.0502, on the submitted for a corporation or to change its registered office of the change its registered office of the change its registered office of the control of the change its registered of the control of the contr	n organized under the law	es of the State of _	DE	<u></u> -	
1. The name of t	he corporation: MARRIOTT INTE	ERNATIONAL CAPITAL (	CORPORATION			
2. The principal	office address: 7750 Wisconsin A	Avenue Bethesda, MD 20	814			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 01/04/199	95 Document i	number: _ F95000	000052		
5. The name and	I street address of the current regi tment of State: (If resigned, enter	stered agent and registered		ith the	<u>~</u>	
	C T CORPORATION SYSTEM	I C/O C T CORPORATIO	)N		72 72 72	
	1200 SOUTH PINE ISLAND R	OAD			2024 NOV 21 Secretary	
	PLANTATION	FL	33324		PH	m
6. The name and (if changed):	street address of the new registe	red agent (if changed) and	l /or registered of	tice; S	≖ ယ 5	O.
	Corporation Service Company			_		
	1201 Hays Street			_		
	Tallahassee	PO Box NOT acceptable	32301	_		
The street address changed will	ess of its registered office and th be identical.	e street address of the bu	siness office of it	ts registere	ed ag	gent.
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of d been notified in writing o	lirectors or by an of the change.	officer so	,	
/s/ Andrew P.C. Wright		Andrew P.C. Wi	-	Secretary		
-	re of an officer or director		ed or typed name and ti	itle		
I further agree a of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this n Service Company	all statutes relative to the the obligation of my posi- we in the registered office	e proper and con	nplete perj d agent. ( by confirm	form Or, i i thá	ance f this t the
By: Drago	2-Kuble	11/14/2024		·		
-	nature of Registered Agent		Date			
	BY, ASST, VICE PRESIDENT yped or Printed Name	_				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (04/13)