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(Requestor's Name)				
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(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	-			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:	l			
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 4, 2017

Order#: 447800-005

Re: CARSON GUEST, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nized under the la	ws of the State of Georgia	his
1. The name of	the corporation: CARSON GUEST, INC			
2. The principal	office address: 1776 Peachtree Street	NW, #120, Atlanta	a, GA 30309	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/18/1995	Document	number: F95000006154	,
	d street address of the current registered rtment of State: (If resigned, enter resign		ed office on file with the	
	Incorp Services, Inc.			~3
	17888 67th Court North		20	11 J.
	Loxahatchee, FL 33470			
6. The name and (if changed):	d street address of the new registered age	ent (if changed) an	d /or registered office	2017 JAN -6 PH 12: 50
	Corporation Service Company			經 5
	1201 Hays Street		,	
	P.O. Box NO	T acceptable		·
	Tallahassee	FL .	32301	
,	ess of its registered office and the street be identical.			
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of dotified in writing of	lirectors or by an officer so of the change.	
W	791500	•	Jr. Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refi that the corporation has been notified in Service Company		od or typed name and title this capacity. e proper and complete ion of my position as regis ne registered office address change.	ered ; I
By: Ay	in august	01/04/20		
_	nature of Registered Agent		Date	
_	half of an entity:			
, , , , , , , , , , , , , , , , , , , ,	t, Asst. Vice President			
T	yped or Printed Name	VD. 035 AA + + +		
	* * * FILING FE	re: 222'00		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314