

F97000001780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

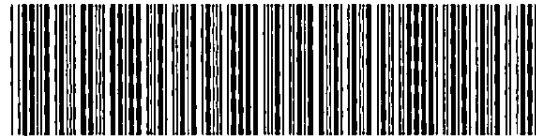
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900319731689

10/16/18--01050--008 **35.00

FILED

2018 OCT 15 P 12:32

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

OCT 23 2018

T. LEMIEUX

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coakley & Williams Hotel Management Company
Name of Corporation

DOCUMENT NUMBER: F97000001780

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:

Vicki Caspar

Name of Contact Person

Coakley & Williams Hotel Management

Firm/Company

6404 Ivy Lane, Suite 720

Address

Greenbelt, MD 20770

City/State and Zip Code

vcaspar@cwhotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Caspar

Name of Contact Person

at (301) 614-8820

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Coakley & Williams Hotel Management Company
2. The principal office address: 6404 Ivy Lane, Suite 720, Greenbelt, MD 20770
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/8/1997 Document number: F97000001780

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TRAC – The Registered Agent Company

236 E. 6th Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32303

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

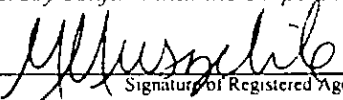


Signature of an officer or director

Gary S. Williams, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10/3/18

Date

If signing on behalf of an entity:

Maggie Muszelik, Asst. Sec.

Typed or Printed Name

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

FILED
2018 OCT 15 PM 10:32
TALLAHASSEE, FLORIDA