Division of Corporations **Electronic Filing Cover Sheet**

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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.

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REGISTERED AGENT CHANGE COAKLEY & WILLIAMS HOTEL MANAGEMEMT COMPANY

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:	Coakley & Williams Hotel Management Company
Name of Cor	rporation

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:

Lori Whalen

Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notificat	ion)

For further information concerning this matter, please call:

Lori Whalen

Name of Contact Person

at (888) 705-7274

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

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

statement of cha	provisions of sections 60 inge is submitted for a co or to change its registered	orporation organized	inder the laws of t	he State of Maryland	
1. The name of t	the corporation: Coakle	ey & Williams Ho	otel Managem	ent Company	
	office address: 1099 V				190
3. The mailing a	ddress (if different):	-			
4. Date of incorp	poration/qualification: 4	/8/1997	Document number	п <u>F9700000178</u> ()
	I street address of the curtiment of State: (If resign		and registered offic	ce on file with the	
	TRAC-THE RE	GISTERED AG	ENT COMPA		
	236 E 6 AVE			TAL	
	TALLAHASSEE, F	L 32303		TA TA	FILE FILE
6. The name and (if changed):	I street address of the nev	w registered agent (if o	changed) and /or re	egistered officer Co.	FILED ANIO: 37
	Registered Age	ent Solutions,	nc.		වූ වූ
	2894 Remingto	n Green Ln. S	Ste. A	JDA JDA	=
	Tallahassee	P.O. Box NOT FL	32308		
The street addre	ss of its registered offic be identical.	e and the street addre	ss of the business	office of its registered	d agent,
Such change wa authorized by th	is authorized by resoluti ie board, or the corporat	on duly adopted by it ion has been notified	s board of directo in writing of the o	rs or by an officer so change.	
ısı Jaclyn	Wright	Jacl	yn Wright		ed Person
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as regi o comply with the provi d I am familiar with and ny filed merely to reflec been notified in writing	sions of all statutes r l accept the obligatio t a change in the regi	ce to act in this ca	ed name and tule spacity. ser and complete perfo s registered agent. O ess, I hereby confirm	ormance r if this that the
Mo	الله مع	11	/29/2023		
Sign	nature of Registered Agent		D	Pate	
If signing on bel	half of an entity:				
	r. Assistant Secretary	 .			
ľy	ped or Printed Name	* CH ING CCC. C	£ 00 ± ± ±		

FILING 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)