F98000005165

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(======, ====,				
(Document Number)				
(2004.10.11.10.7)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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: Tecora Bell tecora.bell@cscglobal.com

Date: September 6, 2016

Order#: 267879-066

Re: INTERSTATE HOTELS & RESORTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Tecora Bell

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	ange is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida Statutes, this a organized under the laws of the State of DE registered agent, or both, in the State of Florida.	_	
1. The name of	the corporation: INTERSTATE HO	TELS & RESORTS, INC.		
2. The principal 4501 N FAIR	office address: RFAX DR STE 500 ARLINGTON \	√A 22203		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/15/1998	Document number: F98000005165		
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROA	AD		
	PLANTATION	FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				des
	Corporation Service Company	NASS S	8- d3	#
	1201 Hays Street		æ	ŗ
	P.O. Bo Tallahassee	ox NOT acceptable	ထဲ	C
The street addre		street address of the business office of its registered age	ent,	
Such change was authorized by the		dopted by its board of directors or by an officer so een notified in writing of the change.		
Xi	e E. agnie	Jill Cilmi, Vice President		
	re of an officer or director	Printed or typed name and title	_	
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely t that the corporation has been not n Service Company	ent and agree to act in this capacity. ll statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.		
By: Line	rea CANOL	08/30/2016	_	
_	half of an entity:	Date		
	Asst. Vice President			
	vped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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