

F98000007013

(1/2) 08/08/2017 04:08:20 PM -0400

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : 120050000052
Phone : (850)656-7956
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DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE
CSM LODGING SERVICES INCORPORATED**

Certificate of Status	0
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AUG 09 2017
J MCNAIR

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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 Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CSM Lodging Services Incorporated
 2. The principal office address: 500 Washington Ave. S., Suite 3000, Minneapolis, MN 55415

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/22/1998 Document number: F98000007013

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)

NRAI Services, Inc.
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):

Incorporating Services, Ltd.
1540 Glenway Drive
P.O. Box NOT acceptable
Tallahassee, FL 32301

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 DIVISION OF CORPORATIONS

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

Bradley Kittleson
Vice 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

8/8/2017

Date

If signing on behalf of an entity: Lucy Rose Assistant Secretary

Incorporating Services, Ltd.

Typed or Printed Name

*** 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 (03/12)

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