

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(C	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
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R. WHITE OCT 23 2018

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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Heartland Hotel Corporation Name of Corporation F99000006388 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: Mary Ann Thies Name of Contact Person **Heartland Hotel Corporation** Firm/Company 4403 1st Ave SE Address Cedar Rapids, IA 52402 City/State and Zip Code pjerabek@bdgcpas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (319)363-8613
Area Code & Daytime Telephone Number Mary Ann Thies Enclosed is a \$35.00 check made payable to the Department of State. Street Address:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of ch	provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida St ange is submitted for a corporation organized under the laws of the State of <u>k</u> er to change its registered office or registered agent, or both, in the State of Fl	owa	
1. The name of 2. The principal	the corporation: Heartland Hotel Corporation 1 office address: 4403 1st Ave SE Cedar Rapids, IA 52402		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 42-1358130 Document number: F99000	0006388	}
5. The name an	nd street address of the current registered agent and registered office on file wit artment of State: (If resigned, enter resigned)	h the	
	Feldman, Koenig & Highsmith, P.A.	-	
3158 N Northside Drive		SECR	7018 OCT 15
	Key West, FL 33040		5
6. The name ar (if changed)		ice? **	5 AM II: 32
Highsmith & Van Loon, P.A.			 ယ
	3158 Northside Drive	(rr; 1	
	P.O. Box NOT acceptable		
	Key West, Florida 33040		
The street add	dress of its registered office and the street address of the business office of its ill be identical.	s registered	agent,
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	officer so	
Leca	Derick Ruckham Printed or typed name and till		ent
I hereby acce I further agre performance agent. Or, if hereby confir	pt the appointment as registered agent and agree to act in this capacity. we to comply with the provisions of all statutes relative to the proper and come of my duties, and I am familiar with and accept the obligation of my position this document is being filed merely to reflect a change in the regislered office in that the corporation has been notified in writing of this change.	plete as register e address, .	red I
	10/8/18	·	
	Signature of Registered Agent Date		
	behalf of an entity:		
Davidu	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