J05532

(Requestor's Name)	
Allera	
(Address)	
	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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TRANSMITTAL LETTER

•	TO: Amendment Section Division of Corporations
	SUBJECT: HOSPITALITY Services of America, Incorporate (Name of corporation) DOCUMENT NUMBER: J05532 F.E.I # 650008593
	DOCUMENT NUMBER: JUSSA J F.E.L - 600008 373
	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:
	Benjamin Neissmark (Name of person) Hospitality Sorvices of America, Incorporadod (Name of firm/company) 1601 N. Palm Avenue Suite 211 (Address) Tembroko Pinos, Florida 33026 (City/state and zip code)
	For further information concerning this matter, please call: Low year Wossmark at (951) 132-730 (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
409 E. Gaines Street
Tallahassee, FL 32399

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 Statut	es,
this statement of change is submitted for a corporation organized under the laws of the State of	
Floricha in order to change its registered office or registered agent, or both, in the St.	ate
of Florida.	
1. The name of the corporation: Nospitality Services of Among, Inc	11
2. The principal office address: 1601 N. Pam Avenue Suite 211	
Pembioke Pines, Florida 33026	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 25 March 1986 Document number: 505538	 2
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State:	
Daverlas M. KONNEDV	
1661 11 11 1/2/2 14211 168	
1661 North Palm Avenue #211 E	77
Hambrolco Pinos, FL 33006 55 5	M
6. The name and street address of the new registered agent (if changed) and /or registered office	Ġ
changed): T. Michael Hampton	(-
1601 N. Palm Avenue #211	
Pembiole Pins, FL 33026	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	ed
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the hoard, or the corporation has been notified in writing of the change.	
(Signature of an officer, charman of the board) (Signature of an officer, charman of the board) (Printed or types 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	
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.	
Million Days	
(Date)	
If signing on behalf of an entity:	
(Canacity)	

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