## 02000004148

	(Requestor's Name)				
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	(Addices)				
	(City/State/Zip/Phone #)				
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ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 369113 7728906

AUTHORIZATION :

ORDER DATE: January 10, 2022

ORDER TIME : 9:0 AM

ORDER NO. : 369113-005

CUSTOMER NO: 7728906

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: LODGING ACCESS SYSTEMS, LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: LODGING ACC	CESS SYST	TEMS, LLC.	<del></del> .	
2. (,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  523 US Highway 301 S		
	523 US Highway 301 S				
	Tampa. FL 33619	Tampa, FL 33619			
	02/19/2002	L	02000004148		
3.	Date of filing/registration in Florida	- 4	Document num	ber	
5 (0)					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	F- 3	
	Brooks, Matthew		.,	2377	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI		:	
	523 US Highway 301 S	<u> </u>		 	
	· · · · · · · · · · · · · · · · · · ·				
	Tampa	33619 L			
				. <u>:</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			19	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	ess:		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
	, FI	L	<del></del>		
change agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limit	office and the business of pany, it is hereby confirm ed liability company or as	ffice of the registered led that the change(s)	
/S/	Geoffrey T_Martin	Geoff	rey T. Martin		
Signa	ture of a member or authorized representative of a member		Printed or typed na	ame of signee	
provisi the obi to mer notifie	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to act in performan d for in Ch hereby con	this capacity. I further a ce of my duties, and I am apter 605. F.S. Or, if this firm that the limited liabil	teree to comply with the familiar with and accept document is being filed ity company has been	
	Ingra 7 Kuble				
Signatu	ire of Registered Agent \				

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