

LO3000008655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

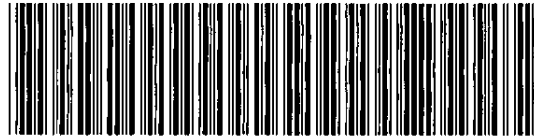
(Business Entity Name)

(Document Number)

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APR 24 2017  
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TALLAHASSEE, FLORIDA  
17 APR 21 AM 8:50

RECEIVED  
2017 APR 21 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 609247 4306193

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 20, 2017

ORDER TIME : 9:45 AM

ORDER NO. : 609247-040

CUSTOMER NO: 4306193

CHANGE OF AGENT

NAME: ASSOCIATED LUXURY HOTELS  
INTERNATIONAL HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
17 APR 21 AM 8:50

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Associated Luxury Hotels International Holdings, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen Downes

Name of Person

Katten Muchin Rosenman LLP

Firm/Company

525 W. Monroe St.

Address

Chicago, IL 60661

City/State and Zip Code

kimberly.smith@kattenlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Downes

312

577-8215

at ( )

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA  
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**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. Name of the limited liability company: Associated Luxury Hotels International Holdings, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2295 S. Hiawassee Rd., Suite 306  
Orlando, FL 32835  
March 10, 2003

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
2295 S. Hiawassee Rd., Suite 306  
Orlando, FL 32835  
L03000008655

3. Date of filing/registration in Florida 4. Document number

5. (a) Paracorp Incorporated  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jonathan Leiman, Manager of Member

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent Corporation Service Company BY:

Lydia Cohen  
Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE  
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