L04000092639

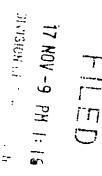
(Re	questor's Name)			
(Address)				
(Address)				
(Cif	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

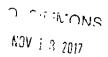
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Midho Partners 1, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The er	oclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Melis	sa Masiello				
	Name of Person				
Midh	o Partners 1, LLC				
	Firm/Company		_		
5464	Lena Road				
	Address				
Brade	enton, FL 34211				
	City/State and Zip Code		_		
mma	siello@charteronehotels.com				
E	E-mail address: (to be used for future and	nual report notifi	cation)		
For fu	rther information concerning this matter.	please call:			
Melis	sa Masiello	941 at (907-9017		
	Name of Person	,	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		AILING ADDRESS:		
	Registration Section		gistration Section		
	Division of Corporations		rision of Corporations		
	Clifton Building 2661 Executive Center Circle), Box 6327		
	Tallahassee, Florida 32301	1 31	lahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$ 5	5 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

Midho Partners 1, LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Partners 1, LLC
•		
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
5464 Lena Road	5464 Le	na Road
Bradenton, FL 34211	Bradent	on, FL 34211
12/22/04	L040000	92639
Date of filing/registration in Florida	4.	Document number
John W Balliett		
	the Florida Dept. of Stat	TILLE
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
6731 Professional Parkway W Ste 100		· · · · · · · · · · · · · · · · · · ·
Sarasota , FI	34240	
John W Balliett Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	-
NEW Registered Office Address:		-
5464 Lena Road		_
SarasotaFI	34240	_
ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered officiability company, it is of the limited liability cor-	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. Printed or typed name of signee
	Date of filing/registration in Florida John W Balliett Registered Agent and Registered Office shown on the records of Registered Office Address Registered Office Address 6731 Professional Parkway W Ste 100 Sarasota John W Balliett Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 5464 Lena Road Sarasota Filinited liability company is not organized under the latence or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the pare of a member or authorized representative of a member	Date of filing/registration in Florida 4. John W Balliett Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (AIUST BE FLORIDA STREET ADDRESS) 6731 Professional Parkway W Ste 100 Sarasota