L'08000081736

(Requestor's Name)						
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CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/001

Re: 1883 OLDE MARCO INN LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	me of the limited liability company: 1883 OLDE MA	RCO INN	N LLC		
2	(a)	100 PALM STREET	(b)	7995 Mahogany Run Lane	•	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°)	Mailing address of limit	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		MARCO ISLAND FL 34145		Naples, FL 34113		
		08/26/2008		L08000081736		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	William G. Morris				
J.	(a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:		
		247 N COLLIER BLVD				
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<u> </u>		
					VV.	
					₩ 5514	
		Marco Island , FL	<u>34145</u>	_ 	3 100 100 100 100 100 100 100 100 100 10	
	/h)	Corporation Service Company			For Participation	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	P 200	
					2: 5	
		1201 Hays Street			5	
		NEW Registered Office Address:				
		Tallahassee, FL	32301			
th ag with	e cha ent v as/we e arti	hy accept the appointment as registered agent and agr	the regis ability co of the limi limited li Dona	stered office and the business of impany, it is hereby confirmed ited liability company or as ot iability company. a Priebe, Authorized Person Printed or typed name in this capacity. I further assignments.	office of the registered that the change(s) herwise provided in e of signce	
th to no	e obl merc tifie	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I thin writing of this change.	d fór in C hereby co	Chaptér 605, F.S. Or, if this de onfirm that the limited liability	ocument is being filed company has been	
S	gnatu	re D Registered Agent Corporation Service Company	BY: Sy	ylvia Queppet, Asst. Vice Pr	resident	

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