## 109000071826

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

Office Use Only



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2020 NOV 25 PH 12: 41



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/24/2020	
Name:		
	#:1278018	
Entity Nam	ne: TRUST I	IOSPITALITY LLC
	cles of Incorporation/Authorization	
Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mer	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorizec Signature:		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/24/2020		
Name:		_	
	#:1278018	_	
Entity Nam	ne:TRUST H	SPITALITY LLC	
	cles of Incorporation/Authorization		
☐ Ame	endment		
<b>☑</b> Cha	ange of Agent		
Rei	nstatement		
Con	nversion		
☐ Mer	rger		
Diss	solution/Withdrawal		
☐ Fict	itious Name		
☐ Oth	er		
Authorized	1 Amount \$25.00		

F: 800.944.6607

## 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

a)		(b)	
, i	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )	y:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	No Change		o Change
	July 27, 2009		L09000071826
	Date of filing/registration in Florida	4.	Document number
a)	JOHN MICHAEL REGISTER		
.c.j	Registered Agent and Registered Office shown on the recor	rds of the Florida Dep	nt, of State:
	806 DOUGLAS ROAD, 4TH FLOOR		2020
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	2020 NOV 2
	CORAL GABLES	, FL_33134	25 P
(b)	COGENCY GLOBAL INC.		9.16
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address	<u>s</u>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		-
	Tallahassee	, FL 32301	<del></del>
ha 1 w we	imited liability company is not organized under thinge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	he laws of the Sta ess of the registere ted liability comp pers of the limited	ed office and the business office of the regis any, it is hereby confirmed that the change( I liability company or as otherwise provided
111			- · · · · ·

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.

/s/ Assistant Secretary

Signature of Registered Agent