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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: **Registration Section Division of Corporations**

SHANGRI-LA PARTNERS, LLC SUBJECT:

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:

WILLIAM KRUPNICK

Name of Person

SUPER 8 OCALA

Firm/Company

3924 W SILVER SPRINGS BLVD

Address

OCALA, FL 34482

City/State and Zip Code

WKRUPNICK@HOTMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM KRUPNICK	305 661-4875 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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)	SUPER 8 OCALA		(b)	SUPER 8 OCALA					
-,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	····	1	Mailing a	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BON</u>)				
	3924 W SILVER SPRINGS BLVD			3924 W SILVER S	LVER SPRINGS BLVD				
	OCALA, FL 34482			OCALA, FL 34482					
	3/24/2010			L10000032775					
	Date of filing/registration in Florida	4.	_	Docum	ent numbe	r			
1)	WILLIAM KRUPNICK								
	Registered Agent and Registered Office shown on the recon WILLIAM KRUPNICK	ds of the Flo	orida	Dept. of State:			2021 JUN 2	e t j."	
	Registered Office Address <u>(MUST BE FLORIDA STRI</u> 425 22nd AVE SW	ess (MUST BE FLORIDA STREET ADDRESS)				· ·	UN 21	त्यु का १९४३ १	
	VERO BEACH	_, FL	2				AH	۰ <u>ـ</u> ــ	
)	WILLIAM KRUPNICK		-				7:43		
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office	e add	ress:					
	SUPER 8 OCALA								
	NEW Registered Office Address:								
	3924 W SILVER SPRINGS BLVD								
	OCALA	_, FL	2						
ige		e laws of f the regis	the S terec	d office and the bus	siness offi	ce of	the regi	st	

Signature of a member or authorized representative of a member

. .

<u>ATH KEVPHIC</u> Printed of 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.

 \mathcal{U}_{l} Signature of Registered Agent

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