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**8 Warren** 

MAR 3 0 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 27, 2017

Order#: 565996/001

Re: HOTEL VICTOR, LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Mary Rivers 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. N	ame of the limited liability con	npany: HOTEL VICTO	DR, LLC					
2. (a)	C/O GINDI CAPITAL  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	19 WEST 34TH STREET, 117	TH FLOOR						·
	NEW YORK	N) 10001						
	05/03/2011			L11000052	256			
3.	Date of filing/registr	ation in Florida	4.	Γ	Document	number		
5. (a)	NRAI SERVICES, INC							
	Registered Agent and Registered O	ffice shown on the records o	f the Florida I	Dept. of State:				
	1200 SOUTH PINE ISLAND	O ROAD						
		ST BE FLORIDA STREET	ADDRESS)					
	Plantation	, F	L <u>33324</u>					T
(b) <u>.</u>	Corporation Service Compa	ınv				王二	10	
	Enter name of NEW Registered Ag		d Office addr	'ess':		325 <b>X</b>	120	} 2-7-1
						F. F.	$\triangleright$	ED
	1201 Hays Street					0] /TS	ڣ	0
	NEW Registered Office Address:					STATE	逆.	
	· · ·				**			
	Tallahassee	, F	L <u>32301</u>					
the ch agent was/w	limited liability company is not ange or changes are made, the will be identical. Or, in the case reparthorized by an affirmativical soft organization or the open the control of the open than the control of	Florida street address of a Florida limited leve vote of the members	of the registe liability con of the limit e limited lia	ered office a npany, it is it ed liability	and the buthereby cocompany bany.	isiness o nfirmed or as oth	ffice o	f the registered e change(s)
Sign	ature of a member or authorized repre-	sentative of a member		· ·	Printed or ty		of sign	ee
provis the ob to me notific	the accept the appointment as to the constitution of all statutes relative to the constitution of my position as regional reflect a change in the region writing of this change were of Registered Agent Corporation	the proper and complete istered agent as providistered office address, I	e performar led for in Ch I hereby con	n this capac nce of my di napter 605, nfirm that th nce E. Kirb	uties, and F.S. Or, i se limited	I am fan if this do Tiability	niliar v cumen compo	with and accept it is being filed any has been
_	2 Corporativ	on sor riog company					•	