L11000144a1a

(Requestor's Name)		
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(Business Entity Name)		
(Document Number)		
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J. HARRIS

COVER LETTER

Division of Corporations			
SUBJECT: FLO RIDA HOSPITALITY MANAGENT, LLC 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:			
TSTVAN SANDOR OR PETER BORDS Name of Person			
Firm/Company			
3364 BAYSHORE BLVD NE			
ST. PETERS BUILG, FC 33703 City/State and Zip Code			
FHM. OFFICE YAHOO. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ISTVAN SANDOR at (850) 368-4603			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy			



June 12, 2015

ISTVAN SANDOR PO BOX 7551 ST PETERSBURG, FL 33734

SUBJECT: FLORIDA HOSPITALITY MANAGEMENT, LLC

Ref. Number: L11000144212

We have received your document for FLORIDA HOSPITALITY MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00012343

5 AUG 17 PH 12: 55

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.

2 307 MM.	
1. Name of the limited liability company: <u>FLORIDA</u> H	OSPITACITY MANAGEMENT, LCC
2. (a) FLORIDA HOSPITALITY MANAGEMENT	TODE TODE OF HOSPITALITY MANAGENER
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
5281 BAY WATER DR	<u>40 BOK 7551</u>
TAMPA, FL 33615	St. PETERS BURG, FL 33734
12/27/2011	L11000144212
3. Date of filing/registration in Florida 4	Document number
5. (a) PETER BOROS	
Registered Agent and Registered Office shown on the records of the F	Horida Dept. of State:
FLORIDA HOSPITACITY MANAG	EMENTILLL
Registered Office Address (MUST BE FLORIDA STREET ADD	
5281 BAY WATER DIZ	
71,00	33615
, FL	296/9 E AUG F
(b) PETER BOROS	G-7
(b) 1E/E/C (V/20) Enter name of NEW Registered Agent and/or NEW Registered Offi	
	——————————————————————————————————————
NEW Registered Office Address:	
3364 BAYSHORE BLVD.	NE
ST. PETERSBURG , FL 3	33703
If the limited liability company is not organized under the laws o	of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability	
was/were authorized by an affirmative vote of the members of th	e limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the lim	_ ` _ ` `
Buc Per	PETER BORDS
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I here notified in writing of this change.	to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
Signature of Registered Agent	