L140000 84434

(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:					

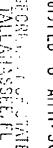
Office Use Only

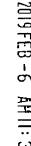


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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJI	DEL PRADO HOSPITALITY	LLC					
		e 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:							
KEIT	H BEARDSLEY						
	Name of Person						
HEATH PROPERTIES							
	Firm/Company						
74 CI	ARENDON ST, SUITE A						
	Address						
BOS [*]	TON, MA 02116						
	City/State and Zip Code						
Keith	@HeathProperties.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ADA	M KAPLAN	954 at (5513680				
	Name of Person	_ "'\	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	ū	\$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. N	ame of the limited liability company: DEL PRADO	HOSPITAL	LITY LLC	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	74 CLARENDON STREET, SUITE A	74	CLARENDON STREET, SUITE A	
	BOSTON, MA 02116	BC	OSTON, MA 02116	
	05/23/2014	L14	000084434	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a				
J. (a	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Tallahassee . FI	32301	2019 SECTIAL	
41.5				
(b)		ame of NEW Registered Agent and/or NEW Registered Office address:		
	HOWELL & KAPLAN PA			
	NEW Registered Office Address:		「元 3 6	
	1109 LAVENDER CIRCLE			
	WESTON	L33327		
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the ature of a member of authorized representative of a member why accept the appointment as registered agent and against of all statutes relative to the proper and complete	of the registere iability compared the limited iability part of the limited iability part of the part	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. ROIFF Printed or typed name of signee his capacity. I further agree to comply with the	
the ob to me	tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I get in writing of this change.	ed for in Chap hereby confir	oler 605, F.S. Or, if this document is being filed m that the limited liability company has been	
Signal	we of Registered Agent			