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Office Use Only



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R. WHITE

JAN 11 2020

COVER LETTER

Proceedings Carmichael Hospitality Partners.	LLC
SUBJECT:	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
JEFF KRINSKY	
Name of Person	
PANTHER CAPITAL MANAGEMENT, LLC	
Firm/Company	
1172 S. Dixie Hwy. Ste. 502	
Address	
Coral Gables, FL 33146	
City/State and Zip Code	
JKrinsky@panthercm.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	II:
Ayax Christopher 305	
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	S55 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.	Na	me of the limited liability company: CARMICHAEL H	OSPITA	AL	ITY PART	NERS, LLC
2. (a)		_ (1	b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			۸	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		333 S MIAMI AVE STE 150 MIAMI, FL 33130	_	-	333 S MIA	MI AVE STE 150 MIAMI, FL 33130
		06/18/2014	_	- l.	.140000982	240
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	PANTHER MANAGEMENT SERVICES, LLC				
J. (u)		Registered Agent and Registered Office shown on the records of th	e Florid	la D	ept. of State	• ::
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>S</u>		
		333 S MIAMI AVE STE 150				_
		Miami , FL	33130			- 1919 T
(b)	Li					
	U)	Enter name of NEW Registered Agent and/or NEW Registered C		ddr	ess:	- 1
						~.
						FTID: 32
		NEW Registered Office Address:			-	$\tilde{\omega}$
		1172 S. Dixie Hwy. Ste. 502				
		Coral Gables , FL	33146			
chai agei was	nge nt w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere are authorized.	egister oility co the lin mited	ed om nite lia	office and pany, it is additional transfer it.	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Si	gnat	ure of a member or authorized representative of a member				Printed or typed name of signee
pro the to n noti	visio obli iere fieo	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a charge in the registered office address. I he I in writing of this change.	artarm	*/111	ca af mò a	lutine and Lan Tamiliae with and account

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