114000173263

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COVER LETTER

	gistration Section vision of Corporations	·		
SUBJECT	CND HOSPITALITY LLC			
		mited Liability Company		
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
Rodrigo (Cunha			
	Name of Person			
Name of Ferson				
CND HO	SPITALITY LLC			
	Firm/Company	 		
121 Sout	th Orange Ave, Suite 850			
	Address			
Orlando,	FL 32801			
_	City/State and Zip Code			
rodrigo@	magicdevelopment.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rodrigo	Cunha at (407-992-8802		
	Name of Person	Area Code & Daytime Telephone Number		
Re Di Cl	REET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301				
En	Enclosed is a check for the following amount:			
2	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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. Nai	me of the limited liability company: CND HOSPIT	FALITY 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)
	121 South Orange Ave, Suite 850	121 South Orange Ave, Suite 850
	Orlando, FL 32801	Orlando, FL 32801
	11/6/14	L14000173263
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Stacey Stuck	
J. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
	121 South Orange Ave, Suite 850	¥
	Orlando,	32801 E T
(b)	Rodrigo Cunha	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:
	NEW Registered Office Address:	
	121 South Orange Ave, Suite 850	
	Orlando	32801
the cha agent w was/we	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lis	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
		RODICIGO CUNHA
_	ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatu	re of Registered Agent	D (227a Tallahannan El 22714