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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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DEC 28 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 983035 7377485									
AUTHORIZATION : Truelle al									
COST LIMIT : \$25.00									
ORDER DATE : December 27, 2017									
ORDER TIME : 2:08 PM									
ORDER NO. : 983035-010									
CUSTOMER NO: 7377485									
CHANGE OF AGENT									
NAME: THE PLAZA HOSPITALITY, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY									
XX PLAIN STAMPED COPY									
CONTACT PERSON: Roxanne Turner EXT#									

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	THE PLAZA HOSPITALITY, LLC					
		of Limited Liability Company				
Dear Si	or Madam;					
The enc	losed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
	eturn all correspondence concerning this n					
	Name of Person					
Corpora	tion Service Company					
	Firm/Company					
1180 Av	enue of the Americas Suite 210	·				
	Address					
New Yor	k, NY 10036					
	City/State and Zip Code					
	cemail@cscglobal.com					
E-m	ail address: (to be used for future annual)	report notification)				
For furthe	er information concerning this matter, plea	ase call:				
	al	212 299 5600				
	Name of Person	Area Code & Daytime Telephone Number				
	TREET/COURIER ADDRESS:	MAILING ADDRESS:				
	egistration Section	Registration Section				
	ivision of Corporations	Division of Corporations				
	Lifton Building	P.O. Box 6327				
	661 Executive Center Circle allahassee, Florida 32301	Tallahassee, Florida 32314				
E	nclosed is a check for the following amo	ount:				
0	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
NHS18 (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.

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) 28163 US 19 North Suite 303 28163 US 19 North Suite 303 28163 US 19 North Suite 303 Clearwater, FL 33761 01/15/2015 L15000009482 Date of filing/registration in Florida A Document number 6. (a) RAMON CARRION, P.A. Registered Agent and Registered Office shows on the records of the Florida Dept. of State. Registered Office Address Registered Office Address Registered Office Address AUST BE FLORIDA STREET ADDRESS! 28163 US 19 North Suite 303 Clearwater FL 33761 (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address: Tallahassee FL 32301 Full dimited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registere gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change of earticles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Finited or typed same of signer the operating agreement of the imited liability company or as otherwise provided in the articles of organization or the operating agreement of the imited liability company. Finited or typed same of signer to comply with the rowing of all stanties relative to the proper and complete performance of my duties; and a una malitar with and accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rowing of t		ame of the limited liability company: THE PLAZA I			· · ·	
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00