## 115000119004

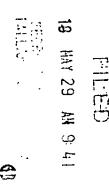
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: May 25, 2018

Order#: 231169/005

Re: OPTIMUM HOSPITALITY ADVISORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.                                | Name of the limited liability company: OPTIMUM HOS  | PITALITY                               | ADVISORS, LLC  |
|-----------------------------------|---|--|--|
| 2. (a                             | 101 AVENUE G  Principal office address of limited liability company:  | _ (b)                                  | 101 AVENUE G  Mailing address of limited liability company:  |
|                                   | (Note: MUST BE STREET ADDRESS)  |  | (Note: MAY BE POST OFFICE BOX)   |
|                                   | KEY WEST, FL 33040  |  | KEY WEST, FL 33040   |
|                                   | 07/10/2015  | ·                                      | L15000119004   |
| 3.                                | Date of filing/registration in Florida  | 4.                                     | Document number  |
| 5. (                              | united states corporation agents, inc.  |  | <del></del>  |
|                                   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |  |  |
|                                   | 13302 WINDING OAK COURT   |  |  |
|                                   | Registered Office Address (MUST BE FLORIDA STREET A   | DDRESS)                                | <del></del>  |
|                                   | Α   |  |  |
|                                   | TAMPA ,FL   | 33612                                  |  |
| (b)                               | ) Corporation Service Company   |  |  |
|                                   | Enter name of NEW Registered Agent and/or NEW Registered C  | Office addr                            | EN: 29 H   |
|                                   | 1201 Hays Street  |  | 9  |
|                                   | NEW Registered Office Address:  |  | <u> </u>   |
|                                   |   |  | <del></del>  |
|                                   | Tallahassee, FL_  | 32301                                  |  |
| the clagent was/v                 | limited liability company is not organized under the law nange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l  | the registe<br>bility com<br>the limit | ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in |
|                                   | Jack D Anderson   | Jack I                                 | D. Anderson, Authorized Person   |
| Sig                               | nature of a member or authorized representative of a member   |  | Printed or typed name of signee  |
| provi<br>the o<br>to me<br>notifi | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I have a complete to the property of the property of the property of the provided agent as provided and the property of | performan<br>for in Ch<br>ereby con    | nce of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been |
| OIEIG                             | ture of Registered Agent Corporation Service Company  | by, Grad                               | ce E. Kirby, Asst. Vice President  |

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