## L15000174309

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## **COVER LETTER**

	egistration Section livision of Corporations					
SUBJEC	HOST RTC LLC					
505050	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning th	nis matter to the	following:			
RAQUE	L DAWSON, CPA					
	Name of Person		<del></del>			
DAWSC	ON & ASSOCIATES, C.PA., P.	A.				
	Firm/Company		<del></del>			
3250 M	ARY STREET, SUITE 301					
	Address	大声的名词复数 医二甲基二甲基二甲基				
	FL+33,133		, , , , , , , , , , , , , , , , , , ,			
	City/State and Zip Code			,		
RDAWS	ON@FLACPA.COM					
E-ma	ail address: (to be used for future and	nual report notif	ication)			
For furthe	r information concerning this matter	, please call:				
RAQUE	L DAWSON	at (	443-1500			
	Name of Person		Area Code & Daytime Telephone Nun	nber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Eı						
Ø	\$25 Filing Fee	<b>□</b> \$3	5 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.	Na	me of the limited liability company: HOST RTC LL	.C		
2.	(a)	15901 COLLINS AVENUE, UNIT 806	0	o)	
	(ω) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		SUNNY ISLES BEACH, FL 33160	-		
		10/13/2015	-	L150001	74309
3.	,	Date of filing/registration in Florida	4.		Document number
5.	(a)	INTERAMERICAN CORPORATE SERVICES	S LLC		~-
		Registered Agent and Registered Office shown on the records of th	to fee and desired		
		2525 PONCE DE LEON BLVD, SUITE 1225	- AA		
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2	- 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		CORAL GABLES , FL	33134		AH CO
	(b) .	RAQUEL DAWSON, CPA			STAIL STAIL
		Enter name of NEW Registered Agent and/or NEW Registered O	Mice ad	dress:	
		3250 MARY STREET, SUITE 301			
		NEW Registered Office Address:		·	
		MIAMI, FL 3	3133		•
the age was	char nt w /wei	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	he regis vility co the lim	stered office ompany, it is ited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
			FEL	IPE RUIZ	Z-TAGLE CORREA
I horo the	ereb visič obliz refei	we of a member or authorized refrescriptive of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete peations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change	e to act erform for in C reby co	in this cape ance of my e Chapter 605 onfirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Sign	nature	on Registered Agent			

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