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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: Onyx Hospita	ality, LLC			
2. (a)	551 NW 77th Street	(b)	(b) 551 NW 77th Street		
(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing a	ddress of limited liability company: MAY BE POST OFFICE HOX)	
	Suite 108		Suite 108		
	Boca Raton, FL 33487		Boca Raton, FL 33487		
	10/08/2015	L	15000179469		
3.	Date of filing/registration in Florida	4,	Docum	nent number	
5. (a)	Sameet Patel				
(-/	Registered Agent and Registered Office shown on the records of 551 NW 77th Street	the Florida U	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Suite 108				
	Boca Raton , FI	33487		7 1 5 6 T	
(b)	LSEB Agent Services, Inc.		·		
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>:55</u> :	だる后	
	111 N. Magnolia Ave., Suite 1400				
	NEW Registered Office Address:			VOIROUTE VILLE VIL VILLE VILLE VILLE VILLE VILLE VILLE VILLE VILLE VILLE VILLE	
	Orlando Fi	32801			
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited! ere authorized by an affirmative vote of the members close of organization or the operating agreement of the	f the registe inbility con of the limit limited lia	ered office and the pany, it is hereby ed liability compa	e business office of the registered y confirmed that the change(s)	
Signa	ture of a member or authorized representative of a member			or typed name of signee	
I here provisi the obl	by accept the appointment as registered agent and ag 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 d in writing of this glange.	rree to act i e performa ed for in Cl hereby cor	n this capacity. I nce of my duties, c apter 605, F.S. (firm that the limi	further agree to comply with the and I am familiar with and accept Or, if this document is heing filed ited liability company has been	
Signatu	re of Registered Agent				
	Ministra of Commentions and O	D (237.	Tallaharasa Et	22214	

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