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(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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COVER LETTER

Division of Corporations						
MHG Hotels, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Peter Hutson						
Name of Person						
Church, Church, Hittle + Antrim						
Firm/Company						
2 N Ninth Street						
Address	<u> </u>					
Noblesville, IN 46060	. <u>1</u> 					
City/State and Zip Code						
sosfilings@cchalaw.com	· · · · · · · · · · · · · · · · · · ·					
E-mail address: (to be used for future annual repor	rt notification)					
For further information concerning this matter, please co	all:					
Peter Hutson 31	773-2190					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount	:					
■ \$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. Na	ame of the limited liability company: MHG Hotels, LLC			
2. (a)	6001 Broken Sound Pkwy NW STE 404		(b) 6001 Brok	en Sound Pkwy NW STE 404
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33487	_	Boca Rator	n. FL 33487
	April 18, 2016	_	L160000760	084
3.	Date of filing/registration in Florida	4.	- , - :	Document number
5. (a)	CT Corporation System			
(,	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road			- :: -
	Registered Office Address	<u>DDRE</u>	<u>'SS)</u>	
	Plantation , FL	33324		2023 i
(0)	Sanjay Patel			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office	address:	· · · · · · · · · · · · · · · · · · ·
	6001 Broken Sound Pkwy NW STE 404			
	NEW Registered Office Address:			<u> </u>
	Boca Raton, FL_	33487		-
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	registe pility the l	ered office and company, it is imited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	MN/	Sa	injay Patel	
_	luré of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he fightriang of this change.	e to a perfor for in ereby	ct in this capa mance of my a Chapter 605, confirm that t	icity. I further agree to comply with the luties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Signatu	re of Registered Agent			