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(City/State/Z	(ip/Phone #)
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U6/14/21--U1025--U02 ++25.00



COVER LETTER

Division of Corporations	
AD1 ORLANDO HOTELS 2, LLC SUBJECT:	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Nixaliz Martinez	
Name of Person	
AD1 Management, Inc.	
Firm/Company	
1955 Harrison Street Suite 200	
Address	
Hollywood, FL 33020	
City/State and Zip Code	
nixaliz.martinez@ad1global.com	
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	call:
Nixaliz Martinez	954 434-5001
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 amou	nt:
■ \$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	me of the limited liability company:	ADI ORLANDO E	HOTE	LS 2,	LLC					
ז	(a)	1955 HARRISON ST STE 200 HOLLY	WOOD, FL 33020			955 HA	RRISON ST	T STE	200 HC	DLLYW	OOD, FL 330
-	(-)	Principal office address of limited li (Note: MUST BE STREET :					Mailing add				
		05/16/2016		_		6000095	858				
3.		Date of filing/registration in	ı Florida	4.			Documen	nt num	ber		•
5.	(a)	STANTON, A J, JR.									
э.	(a)	Registered Agent and Registered Office sho STANTON, A J. JR.	wn on the records of th	 ie Flor	ida De	ept, of Sta	ite:				
		Registered Office Address (MUST BE F	LORIDA STREET AL	<u>DDRE</u>	<u>(\$5)</u>		_				
		9480 E. COLONIAL DRIVE		_		. <u> </u>					
		ORLANDO	FL_	32817			_		= :	202	
(b	(b)	STEVEN BERKELEY			<u> </u>	···-	_		T : : : : : : : : : : : : : : : : : : :	2021 JUH	• • •
		Enter name of <u>NEW Registered Agent</u> and	or NEW Registered C	Office_	<u>addre</u>	<u>85</u> :			•	F	•
		STEVEN BERKELEY							 	∯M i÷	
		NEW Registered Office Address:					_		물:	₄ : 30	****
		1955 HARRISON STREET SUITE 20	0				_		<u> </u>	0	
		HOLLYWOOD	, FL_	3020			_				
cha age wa	inge ent w s/we	mited liability company is not organ; or changes are made, the Florida strovill be identical. On in the case of a large puthorized by an affirmative vote cless of organization or the operating	eet address of the re Florida limited liab of the members of	egiste pility the l	ered c comp imited	office ar any, it i d liabili	nd the busit is hereby co ty company	ness of ontirm	fice of ed that	the re	gistered nange(s)
		mymy		10	SE D	ANIEL	BERMAN				
	_	ure of a member or authorized representative					Printed or	•		_	
pro the to	wisie obh nere	y accept the appointment as register ons of all statutes relative to the prop- gations of my position as registered by reflect a charge in the registered I'in writing of this change.	ed agent and agree per and complete pe agent as provided) office address, I he	e to a erfor for ir ereby	et in manc Chaj confi	this cap e of my pter 60, rm that	acity. I fw duties, and 5, F.S. Or, the limited	rther a l I am if this l liabil	gree to Jamilio docun ity con	o comp ur with nent is npany l	ly with the and accept being filed has been
Sig	natur	e of Registered Agent									